# **EXHIBIT D**

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UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF WEST VIRGINIA CHARLESTON DIVISION

IN RE: ETHICON, INC., PELVIC REPAIR SYSTEM PRODUCTS LIABILITY LITIGATION

Master File No. 2:12-MD-02327

MDL NO. 2327

THIS DOCUMENT RELATES TO THE FOLLOWING CASES IN WAVE 1 OF MDL 200:

JOSEPH R. GOODWIN US DISTRICT JUDGE

Bonnie Blake, et al., v. Ethicon, Inc., et al., Civil Action No. 2:12-cv-00995

Robin Bridges v. Ethicon, Inc., et al., Civil Action No. 2:12-cv-00651

Carey Beth Cole, et al., v. Ethicon, Inc., et al., Civil Action No. 2:12-cv-00483

(Continued on next page)

MARCH 2, 2016

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Deposition of JIMMY W. MAYS, PhD, held at Marco Island Marriott Beach Resort, South Collier Boulevard, Marco Island, Florida, commencing at 8:36 a.m., on the above date, before Joan L. Pitt, Registered Merit Reporter, Certified Realtime Reporter, and Florida Professional Reporter.

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Golkow Technologies, Inc. - 1.877.370.DEPS

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1		1	
2	THE COURT DEDORTED. Daisa your right hand	2	Q. When you say it's not everything you've seen, what do you mean by that?
3	THE COURT REPORTER: Raise your right hand, please. Do you swear or affirm the testimony you	3	·
I	* * * * * * * * * * * * * * * * * * * *	3 4	A. Well, I've got a whole electronic file of
4 5	give will be the truth, the whole truth, and nothing but the truth?	5	documents that I've gone through.  Q. Why did you choose to bring the documents in
6	THE WITNESS: Yes.		· · · · · · · · · · · · · · · · · · ·
7	THE COURT REPORTER: Thank you.	6 7	Exhibit 2 today rather than the documents that you have on the electronic file?
8	JIMMY W. MAYS, PhD, called as a witness by the		
9		8	A. I thought those were the most relevant to the matter at hand.
10	Defendants, having been first duly sworn, testified as follows:	10	Q. Okay. I see 49 hours on the invoice. Does
11	DIRECT EXAMINATION	_	•
12		11	that represent the total amount of time that you've
	BY MR. HUTCHINSON:	12	spent on the Ethicon litigation?
13 14	Q. Good morning.	13	A. No, that was as of the time I submitted that
15	A. Good morning.	14 15	bill, which I think was late December or maybe early
16	Q. My name is Chad Hutchinson. I'm counsel for	16	January.
17	Ethicon and Johnson & Johnson.		Q. Okay. And so up until the time when you were
	Dr. Mays, you understand you're under oath?	17 18	first retained, up until January 4, 2016, you spent 49.5
18 19	A. I do.		hours; correct?
	Q. And do you understand you're giving testimony	19 20	A. Correct.
20	subject to the penalty of perjury?		Q. All right. And since January 4, 2016, up until
21	A. Yes.	21	today, March 2, how many hours have you spent?
22	(Mays Exhibit No. 1 was marked for	22	A. Probably about 20.
23 24	identification.)	23 24	Q. So that's approximately 70 hours total that
24		24	you've spent?
	Page 7		Page 9
1	BY MR. HUTCHINSON:	1	A. Yes.
2	Q. I've handed you what's been marked as Exhibit 1	2	Q. Thank you. And do you still charge \$300 an
3	to your deposition. Have you seen that document before?	3	hour for review and \$500 an hour for testimony?
4	A. Yes.	4	A. Correct.
5	Q. And that's a notice of deposition; correct?	5	Q. Doctor, you've been an expert witness before;
6	A. Correct.	6	is that correct?
7	Q. And that notice lists all the cases in which	7	A. Yes.
8	you're designated as an expert witness in this in	8	Q. And you've been deposed at least twice as an
9	this litigation; correct?	9	expert against Boston Scientific?
10	A. As far as I know, yes.	10	A. Yes.
11	Q. And you brought with you some documents today?	11	Q. And you read those transcripts?
12	A. I did.	12	A. Yes. It's been a while, but I've read them.
13	Q. And you're handing those documents to me. It's	13	Q. And you stand by the testimony that you've
14	a file approximately 2 inches thick in a manila folder.	14	given?
15	We'll mark it as Exhibit 2 to your deposition.	15	A. I do.
16	(Mays Exhibit No. 2 was marked for	16	Q. What's your area of expertise?
17	identification.)	17	A. I'm a polymer scientist.
18	BY MR. HUTCHINSON:	18	Q. Do you have a specialty as a polymer scientist?
19	Q. What does this include?	19	A. Well, I've been involved with polymers broadly.
20	A. It's got the bill that I've submitted thus far	20	I've worked in the industry for a while. I've been at
21	in this case and also the papers and documents that I've	21	the university since 1988. I've got an affiliation with
22	reviewed in preparing for the depo today; not everything I've seen, but everything I basically reviewed for	22 23	Oak Ridge National Lab. So I've worked broadly in the area of polymer science, including polypropylene.

3 (Pages 6 to 9)

24

Q. Do you have a specialty, sir?

24 today.

	Page 10		Page 12
1	A. I would say my specialty is two things, polymer	1	Q. In what matters?
2	synthesis and polymer characterization.	2	A. It was the same thing, Boston Scientific.
3	Q. You don't have a specialty in organic coatings,	3	(Mays Exhibit No. 3 was marked for
4	do you?	4	identification.)
5	Å. No.	5	BY MR. HUTCHINSON:
6	Q. Doctor, all the work that you've done in mesh	6	Q. Doctor, I'll hand you what we'll mark as
7	litigation has been for the plaintiffs; is that correct?	7	Exhibit 3 to your deposition. That's a copy of your
8	A. Yes.	8	expert report; correct?
9	Q. And you've been retained to offer opinions	9	A. Yes.
10	against Boston Scientific?	10	Q. And is it complete?
11	A. Yes.	11	A. That's what I'm looking at.
12	Q. And Ethicon?	12	It looks to be complete.
13	A. Yes.	13	Q. Is it accurate?
14	Q. What about AMS?	14	A. Yes.
15	A. No.	15	Q. Are you aware of any errors?
16	Q. Bard?	16	A. I caught a couple of typos, but they were just,
17	A. No.	17	you know, nonconsequential-type things.
18	Q. Any other mesh manufacturers?	18	Q. Doctor, how many hours did you spend preparing
19	A. No.	19	that report?
20	Q. Any other polypropylene manufacturers?	20	A. I could go back and review my bill and tell you
21	A. Actually, I have been involved with litigation	21	exactly, but it was something of the order of probably
22	involving polyolefins, including polypropylene, at one	22	30 hours actually preparing the report.
23	point in time, but this was years ago.	23	Q. Okay. So if we look at that bill that has 49
24	Q. Was that a patent matter?	24	hours, that would be 30 hours preparing your report and
	Page 11		Page 13
1	A. It was a patent matter.	1	19 hours reviewing documents and literature; correct?
2	Q. When were you first contacted in this Ethicon	2	A. Roughly that, yeah.
3	mesh litigation?	3	Q. Okay. Thank you.
4	A. In this litigation, it was sometime in the fall	4	Did you draft that report, sir?
5	of last year.	5	A. I did.
6	Q. The fall of 2015?	6	Q. Did you have any assistance in drafting that
7	A. Yes.	7	report?
8	Q. And who contacted you?	8	A. No, I pecked it out with two fingers on my
9	A. I think it was Mr. Perdue initially.	9	on my laptop.
10	Q. And what were you asked to do?	10	Q. Did anybody have access to that document, sir,
11	A. I was basically asked if I might be available	11	during the drafting stage?
12	to work with them on this matter.	12	A. I did send it at the point when it was a full
13	Q. And what did you tell them?	13	draft, with references included, at that point I did
14	A. I said, "Yeah, I think I have time and can do	14	send it to the attorneys to have a look.
15	it."	15	Q. Okay. But that expert report is your work and
16	Q. Did you ask any questions about the scope of	16	your work only; correct?
17	the engagement?	17	A. Correct.
10	A. I really didn't, as I recall.	18	Q. And does that report contain all the opinions
18	Q. Have you ever worked with Mr. Perdue before?	19	that you intend to offer in this case?
19		20	A. Well, I can't say that with absolute certainty.
19 20	A. We worked together in the Boston Scientific		
19 20 21	matter.	21	It might depend on what you ask me, but the gist of what
19 20 21 22	matter. Q. What about Mr. Monsour? Have you ever worked	21 22	It might depend on what you ask me, but the gist of what I plan to testify about is in this report.
19 20 21	matter.	21	It might depend on what you ask me, but the gist of what

4 (Pages 10 to 13)

Page 14 Page 16 you intend to assert against Ethicon and Johnson & 1 MR. MONSOUR: Objection. Form. Would you just 2 2 Johnson in this litigation? state those out for me? 3 3 A. That was my intent, yes. Q. Stress urinary incontinence or pelvic organ 4 4 Q. Doctor, did you review or rely on any documents prolapse. 5 5 or literature other than what's contained in your A. No. 6 reliance list? 6 Q. Doctor, have you ever published any articles on 7 7 Prolene? A. As I mentioned, I certainly read a lot of 8 literature in preparing for this. I've worked in the A. I can't say with certainty that I haven't, 8 9 area of polypropylene for years, and things I've been 9 because I've been in the game a while. I worked for exposed to 30 years ago, I still rely on some of that 10 Hercules, one of the largest polypropylene producers in 10 knowledge. Right? But basically what I relied on is in the world at that time, for five years, but I don't 11 11 the references listed at the end of this report. 12 explicitly recall anything. 12 13 Q. A copy of your CV is included within that 13 Q. Okay. And my question is specifically about 14 report; correct? 14 Prolene. 15 A. I understand. 15 A. Correct. 16 Q. And is that the most recent version of your CV? 16 Q. Okay. Doctor, have you ever given any 17 A. It changes often as new papers are published 17 presentations regarding Prolene? and new presentations are made. Let me take a look at 18 A. Again I'll say the same thing I just said 18 19 regarding the publication. I've been in the area a long 19 it and I can tell you how up-to-date it is. This one is about a month old, so it's quite 20 time, I've worked with polypropylene before, but I don't 20 21 up-to-date, but not perfect. 21 recall anything explicitly with Prolene. 22 22 Q. What would make it perfect? Q. Thank you. Doctor, is all your research 23 A. A couple of additional papers that were 23 experience included on your CV? submitted at the time have been accepted, and maybe one 24 A. Yes, I think it's a good representation of my Page 15 Page 17 additional paper that's been submitted for publication. research experience. 2 2 Q. What papers? Q. Have you ever done any research regarding 3 A. Again, I'd have to go back and look. 3 Prolene? Q. Do the papers have anything to do with 4 A. You mean laboratory experiments? 5 5 polypropylene? Q. Yes, sir. 6 A. They don't. 6 A. No laboratory experiments. Literature 7 7 Q. Anything to do with pelvic mesh? research, yes. 8 8 Q. And, Doctor, since 2014 when you were deposed 9 9 in the Boston Scientific litigation, have you ever Q. Doctor, are you currently working on any 10 articles that you intend to submit for publication? 10 worked with a medical device company specifically A. Yes. I'm continually working on articles that 11 regarding pelvic mesh products? 11 I plan to submit for publication. 12 A. I'm sorry. Could you repeat that? 12 13 Q. Sure. Since 2014, have you ever worked with a Q. Do they have anything to do with Prolene? 13 14 A. No. 14 medical device company regarding pelvic mesh products? 15 Q. Pelvic mesh? 15 A. No. 16 16 Q. And, Doctor, before litigation against Boston 17 Scientific, had the focus of your research interests 17 Q. Doctor, Imel was the first publication where 18 you discussed pelvic mesh products; correct? 18 been on pelvic mesh? 19 A. No. 19 A. Correct. Q. And you didn't do the hands-on testing on those 20 Q. Doctor, have you ever talked with any of the 20 21 explants referenced in the Imel paper, did you? 21 plaintiffs in this litigation? 22 22 A. No. A. I did not. 23 Q. Have you ever published anything regarding SUI 23 Q. Have you ever talked with any of the 24 or POP? plaintiffs' family members or friends in this

5 (Pages 14 to 17)

	Page 18		Page 20
1	litigation?	1	Q. Are you an expert in female anatomy?
2	A. Not to my knowledge.	2	A. No.
3	Q. What about any of the doctors?	3	Q. Doctor, based on your review of the documents,
4	A. No.	4	you'll agree that Ethicon performed biocompatibility
5	Q. Other than attorneys, have you discussed your	5	testing on its Prolene?
6	opinions with anyone else?	6	A. Yes.
7	A. No.	7	Q. And do you have any opinions whatsoever
8	Q. None of your colleagues?	8	regarding the biocompatibility testing of Prolene?
9	A. No.	9	A. I've already said I'm not an expert in
10	Q. Any type of scientific organization?	10	biocompatibility, but it seemed to be standard-type
11	A. No.	11	biocompatibility testing.
12	Q. Doctor, did you sign a confidentiality	12	Q. And based upon your review, do you believe that
13	agreement with respect to the documents you reviewed for		Ethicon appropriately did its biocompatibility testing?
14	Ethicon?	14	A. I as far as I can tell, they did. What they
15	A. Yes.	15	didn't do that I think they should have done is actually
16	Q. Where is that?	16	performed clinical trials with the material in the
17	A. I don't know.	17	application in which it was intended.
18	Q. Would it be at your house, or your office,	18	Q. Doctor, have you ever designed or participated
19	rather?	19	in a clinical trial regarding mesh?
20	A. It probably would be in my office in Knoxville.	20	A. Not regarding mesh.
21	Q. Do you advertise your services?	21	Q. Have you ever designed or participated in any
22	A. I do not.	22	type of clinical trial regarding Prolene?
23	Q. Would the time sheet that we have in the	23	A. No.
24	collective Exhibit No. 2 reflect all the time that you	24	Q. Have you ever been involved in any clinical
	Page 19		Page 21
1	spent in this litigation for Ethicon?	1	research regarding mesh?
2	A. This reflects the time I spent in this	2	A. No.
3	litigation as of January 4 of this year.	3	Q. Have you ever received any grants for studying
4	Q. All right. Thank you.	4	mesh in your positions at UT or UAB?
5	Doctor, do you anticipate doing any additional	5	A. No.
6	work or research in this Ethicon litigation?	6	Q. Have you ever designed pelvic mesh?
7	A. I'm not sure.	7	A. No.
8	Q. You don't have any plans to, sitting right	8	Q. And you've never done any biomechanical testing
9	here, sitting here today?	9	of pelvic mesh; correct?
10	A. Not as I sit here.	10	A. Correct.
11	Q. Have you asked counsel for any information or	11	Q. Have you ever personally inspected a mesh
12	documents that you've not received yet that you believe	12	explant of any kind?
13	may be helpful?	13	A. Yes.
14	A. No.	14	Q. Would that be for the 11 explants in the Boston
15	Q. I believe it's your testimony you're not an	15	Scientific litigation?
16	expert in biomaterials?	16	A. Yes.
17	A. Well, I have worked in the area of	17	Q. Anything else?
18	biomaterials. I have considerable expertise in	18	A. Concerning polypropylene mesh?
19	polymeric biomaterials.	19	Q. Correct.
20	Q. You are holding yourself out as an expert in	20	A. I've certainly looked at literature that
21	biomaterials; is that correct?	21	describes it.
22	A. Yes.	22	Q. I'm talking about actually inspecting an actual
23	Q. Are you an expert in biocompatibility?	23	explant specimen.
24	A. No.	24	A. No, not other than those Boston Scientific

6 (Pages 18 to 21)

Jimmy W. Mays, Ph.D. Page 22 Page 24 1 materials. 1 Q. Doctor, what about TVT-Secur, the mesh in 2 2 Q. And you've never personally inspected a mesh TVT-Secur? Strike that. explant of Prolene, have you? 3 3 Prosima. Doctor, do you know what other 4 A. No. 4 materials other than Prolene are in the mesh material in Q. Have you ever done any testing of a mesh 5 5 Prosima? 6 explant of Prolene? 6 A. Not as I sit here. 7 A. Not of Prolene. 7 Q. Doctor, have you ever seen -- and when I say 8 Q. And, Doctor, are you -- do you know what 8 "these medical devices," just so you and I are medical products you're here and designated to testify 9 9 communicating, I'm talking about the medical devices about and give opinions about? that you're here to give testimony about. Are we 10 10 11 A. Yes, I do. They're listed at the beginning of 11 communicating? 12 my report. 12 A. Yes, sir. 13 Q. Where do you see that? 13 Q. Okay. Doctor, have you ever seen these medical 14 A. If you go over on page 4, under background, the 14 devices? 15 various Prolene mesh products are listed there. 15 A. No. Q. Sir, do you know if all those products -- and 16 16 Q. Have you ever held them in your hands? just for the record, we're looking at Prolene Mesh, 17 17 A. No. I've seen pictures, but that's as far as Gynemesh PS, Prolift, Prolift +M, Prosima, TVT-Secur --18 it goes. I'm sorry -- Gynecare TVT System, TVT Retropubic, TVT-O 19 19 Q. Doctor, have you ever held a piece of Prolene 20 TVT-Abbrevo, TVT-Secur, and TVT-Exact; is that correct? 20 in your hand? 21 A. I'm sorry. Could you --21 A. I very well could have with my years of 22 Q. Is that the list of the medical --22 experience in polymer science. Just as an example, our 23 A. That is the list, yes. polymer characterization lab at the University of 24 Q. And, Doctor, do you know if all those products Tennessee, we perform a lot of outside analyses for Page 25 Page 23 are made up of 100 percent Prolene? companies, for individuals, and it's certainly possible 2 A. It's my understanding that those materials are 2 that some passed through at some time. 3 made of Prolene, yes. 3 Q. Doctor, sitting here today, can you ever recall 4

Q. And 100 percent of Prolene?

5 A. Well, Prolene is a formulation, so there's

б additives in there. It's polypropylene plus appropriate 7

additives.

8 Q. But my question, sir, is it your testimony that these products are made of 100 percent Prolene? 9

10 A. Well, the mesh is in there, but there's also a delivery device and packaging, so there are things other 11

than Prolene, but the mesh itself is Prolene. 12

Q. Okay. So, Doctor, is it your testimony that 13 14 the Prolift +M is made of 100 percent Prolene?

15 A. No. There could well be other things in some

16 of these materials, yes.

17 Q. In the mesh?

18 A. There could be biodegradable material, for

19 example.

24

20 Q. Okay. What other material other than Prolene

21 does Prolift +M consist of in the mesh?

22 A. I'd have to go back and review that.

23 Q. You don't know today?

A. As I sit here, I can't say.

4 an instance where you've held a piece of Prolene in your

5 hand?

6 A. No.

7 Q. And, Doctor, have you ever done any hands-on 8

testing of Prolene? 9

A. No.

10 Q. Doctor, when is -- I want to go back to these products, if you will, okay? 11

12 A. Okav.

13 Q. When's the first time you've ever heard of 14 these products?

15 A. I've certainly heard of Prolene, having been in 16 the polypropylene game for a long time, but these

particular mesh products, I knew pelvic mesh was out 17

18 there, I may have heard the names, but they certainly

19 didn't stick.

20 Q. When was the first time that you'd heard the

21 name of these products, sir?

22 A. I would say, these products, at the time I got 23 involved in this litigation.

Q. And that would have been in the fall of 2005? 24

7 (Pages 22 to 25)

Page 26 Page 28 1 A. 2015. process Ethicon uses to make Prolene? Q. Thank you, sir. I like it when a scientist is 2 2 A. Well, I know how the polypropylene is produced 3 3 and I know that the material is thin-mixed with various 4 additives, processing aids, antioxidants. Doctor, do you have any idea what the 5 indications are for these products? 5 Q. Anything else? 6 A. You mean the medical indications? 6 A. Then it's extruded. Fibers are produced by 7 7 passing through a spinneret. Those fibers then get Q. Yes, sir. 8 A. Well, stress urinary incontinence, pelvic organ 8 woven into a mesh product. 9 9 Q. Do you know at what temperature? prolapse. 10 Q. Do you know how long these products have been 10 A. The exact temperature of the extrusion, it 11 would have to be well above the melting temperature of 11 on the market? A. The exact date for these individual products, I 12 the polypropylene, which is 165 degrees C, so it's 12 13 don't. 13 something of the order of 200 degrees C. 14 Q. Do you know the physical dimensions of the mesh 14 Q. Do you know where Prolene is made? in these individual products? 15 A. The documentation I've seen leads me to believe 15 16 A. No. 16 that it's made in Pennsylvania somewhere, near 17 Q. And, Doctor, do you know the weight of the mesh 17 Philadelphia. in these individual products? 18 Q. And, Doctor, is the mesh that's contained in 18 A. No, not as I sit here. 19 these individual products, is it woven or knitted? 19 20 Q. Doctor, do you know a woman's lifetime risk of 20 A. It's actually knitted. 21 developing SUI or POP? 21 Q. And what do you base that testimony on? 22 22 A. I don't. A. Just documentation that I've reviewed. 23 Q. Do you know the natural progression of the 23 Q. Are you an expert in the manufacturing process 24 disease? 24 of pelvic mesh? Page 27 Page 29 1 1 A. No. A. Well, I'm knowledgeable in the production of 2 2 polypropylene fibers. When I was at Hercules, as I Q. Do you know any of the nonsurgical options? 3 3 mentioned earlier, I was there for five years right 4 Q. And, Doctor, all of your opinions contained in after graduate school, for about three years of that 5 your report, which was marked as Exhibit 3, refer to 5 time I was technical liaison between Hercules' central 6 these individual products; correct? 6 R & D center in Wilmington, Delaware, and Hercules' 7 7 fibers technical center in Oxford, Georgia, where they A. Yes. 8 8 Q. Doctor, do you know how many newtons of force produce polypropylene fibers on a massive scale. 9 are placed on the mesh once it's in vivo? 9 Q. Well, but do you hold yourself out as an expert 10 10 in the manufacturing process of pelvic mesh? Q. Do you have any idea about how these individual 11 A. I'm certainly knowledgeable about production of 11 products are implanted in the body? 12 polypropylene fibers. Once it gets into the actual 12 13 A. I have some idea. 13 knitting process and the exact geometry of these various 14 Q. Have you ever -- certainly you've never 14 mesh products, I'm not an expert in those areas. 15 implanted any of these devices in the body? 15 Q. Doctor, you know the difference between 16 A. I have not. 16 polypropylene and Prolene; correct? 17 Q. Have you ever watched any videos regarding how 17 A. Yes. 18 these devices were implanted in the body? 18 Q. And as a materials scientist, you'll agree that polypropylene is chemically different than Prolene; 19 A. Not videos, but I have seen pictures showing 19 20 how it's done, basically. correct? 20 21 Q. And do you know the differences in how these 21 A. Well, Prolene is mostly polypropylene. It's 22 individual products are implanted in the body? 22 isotactic polypropylene, to be exact. 23 23 Q. I understand.

8 (Pages 26 to 29)

A. But it does contain additives, but those

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Q. What do you know about the manufacturing

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Page 30

- additives are present at a very low level.
- Q. But to be exact, polypropylene is chemically different than Prolene; correct?
- 4 A. Well, polypropylene as it's encountered in the
- 5 marketplace essentially always has these additives in
- 6 it. Processing aids and antioxidants are always put
- 7 into polypropylene.
- 8 Q. Right, but, Doctor, my question is more
- 9 specific. Is it your testimony that polypropylene and
- 10 Prolene are chemically different or chemically the same?
- 11 A. Prolene is a particular formulation of 12 polypropylene.
- Q. So they're chemically different; correct?
- 14 A. There are additives added.
- Q. But they are chemically different?
- 16 Polypropylene is chemically different than Prolene;
- 17 correct?
- 18 A. Well, Marlex versus Prolene, the base polymer
- 19 in both is isotactic polypropylene. There may be
- 20 different additives in there. There may be different
- 21 molecular weights of polypropylene use. There may be
- 22 different molecular weight distributions of the
- 23 polypropylene that's used. So Prolene is a particular
- 24 formulation of polypropylene.

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- Q. I understand that, Doctor, but Prolene has a different chemical composition compared to pure
- 3 polypropylene; correct?
  - A. Compared to pure polypropylene, that's correct.
- 5 Q. Thank you. And Prolene and polypropylene are
- 6 not identical from a chemical composition standpoint,
- 7 are they?

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- 8 A. Polypropylene is the major component in
- 9 Prolene.
- Q. Right, but they are not chemically identical,
- 11 are they, sir?
- 12 A. The additives make them different. Prolene has
- 13 the additives. Pure polypropylene would not.
- Q. And you'd never teach your polymer students at
- 15 UT that Prolene and polypropylene have the same chemical
- 16 composition, would you?
- 17 A. No, I would teach them that Prolene is an
- 18 isotactic polypropylene with a certain additive package
- 19 in it.
- Q. Let's talk about polypropylene specifically, if
- 21 you will. You've studied polypropylene before, I take
- 22 it, as a scientist?
- 23 A. Yes.
- Q. When did you begin doing that?

- A. My biggest focus on polypropylene was when I
- was at Hercules. We performed a lot of analytical work
- 3 on polypropylene. But I actually synthesized
- 4 polypropylene and polypropylene copolymers and
- 5 characterized the products when I was a graduate student
- 6 at the University of Akron in the very early 1980s.
  - Q. Have you ever done any independent study or lab work regarding the biocompatibility of polypropylene?
- 9 A. Could you repeat that question?
  - Q. Sure. Have you ever done any independent study
- 11 or lab work regarding the biocompatibility of
- 12 polypropylene?
- A. What do you mean by "biocompatibility"?
- 14 Q. Whether or not polypropylene is biocompatible
- 15 with the human body.
- 16 A. You mean cell culture studies, things like
- 17 that?
- Q. Whether it's biocompatible with the human body.
- 19 A. Well, I've examined explanted polypropylene and
- 20 seen degradation in the material.
- Q. Doctor, I may have asked you this. If I did, I
- 22 apologize. You've never designed a polypropylene
- 23 implant; correct?
- 24 A. I have not.

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Page 32

- Q. And -- well, let's talk about Prolene for a
- 2 minute. Has any of the work that you've done as a
- 3 scientist involved Prolene other than the litigation
- that we're here about today?
- 5 A. As I said earlier, I've been involved with
- 6 polymers for a long time. We've got our polymer
- 7 characterization lab at the university. Something could
- 8 have passed through, but I don't recall it.
- 9 Q. Thank you. And, Doctor, have you ever done any
- 10 type of study to determine the biocompatibility of
- 11 Prolene?
- 12 A. No.
- Q. And have you ever done any testing to determine
- 14 if Prolene degrades?
- A. Well, we've done studies to determine whether
- 16 or not polypropylene formulations degrade.
- Q. But, Doctor, my question is specifically about
- 18 Prolene. Have you ever performed any testing to
- 19 determine if Prolene degrades?
- A. I've reviewed the literature, including the
- 21 literature in-house at Ethicon, where they observed what
- 22 they attributed as oxidative degradation.
- Q. Doctor, have you ever performed any -- strike
- 24 that.

9 (Pages 30 to 33)

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Page 34

Have you personally performed any testing to 1 2 determine if Prolene degrades?

- A. We have performed testing to determine whether 3 4 or not polypropylene --
- 5 Q. And I'm not -- I don't mean to cut you off, but 6 I am under a time limit. I'm talking about Prolene.

Have you personally done any testing to

- 8 determine if Prolene degrades? 9 A. We have tested polypropylene pelvic mesh. That
- was a Boston Scientific product. But these materials 10 are 99.8 percent polypropylene. 11
- Q. And move to strike as nonresponsive. 12

13 Doctor, I'm asking you a specific question. I need a yes or no. Have you personally performed any 14 testing to determine if Prolene degrades? 15

- 16 A. We have tested polypropylene, but we have not 17 tested Prolene.
- 18 Q. Thank you. And, Doctor, you've not tested the mechanical properties of Prolene, have you? 19
- 20 A. We have not.

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- 21 Q. Doctor, have you done any tests on Prolene that
- can be repeated and confirmed? I'm talking about 22
- 23 Prolene, not polypropylene.
- 24 A. Yeah. We have not in my laboratory tested

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- Prolene.
- 2 Q. Doctor, have you ever done -- and when you say
- 3 you have not in your laboratory tested Prolene, would that include a pristine piece of Prolene and also an
- explanted piece of Prolene? 5
- 6 A. Yeah, again, as I said earlier, we may have
- 7 characterized some material that was sent to us by
- someone at some point, probably in terms of a molecular
- 9 weight analysis or something like that, but I don't
- 10 recall testing Prolene.
- Q. Doctor, have you ever personally seen a Prolene 11 explant that has degraded? 12
- 13 A. I've seen pictures, but I haven't actually with 14 my own two eyes seen the degraded Prolene explant.
- 15 Q. And, Doctor, with your own two eyes, have you ever seen oxidated Prolene? 16
- 17 A. With my own two eyes, I'd have to say no.
- 18 Q. Doctor, with your own two eyes, have you ever
- personally seen Prolene with embrittlement? 19
- 20 A. No.
- 21 Q. Have you ever with your own two eyes personally
- 22 seen Prolene that has a loss of mechanical properties?
- 23 A. What do you mean by "loss of mechanical
- 24 properties"?

Q. A reduction in the physical properties.

- 1 2
- A. Which ones?
  - Q. Any of them.
- 4 A. Have I actually seen that material with my own 5 eyes?

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Page 37

- 6 Q. Yes, sir.
- 7 A. No.
- 8 Q. Thank you. And, in fact, Doctor, you've never 9 tested the durability of Prolene, have you?
- 11 Q. You've never tested the tensile strength of
- 12 Prolene, have you?
- 13 A. No.
- 14 Q. You've never tested the toughness of Prolene,
- 15 have you?
- 16 A. No.
- 17 Q. You've never tested any type of physical
- property of Prolene, have you? 18
- 19 A. No.
  - Q. You've never done any type of benchtop testing
- 21 of Prolene, have you?
- 22 A. No.
  - Q. And you've never done any root cause analysis
- 24 to determine if Prolene is defective, have you?

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- A. Yes, I think I have. 2 Q. What?
- 3 A. Basically, I reviewed extensive literature,
  - both Ethicon internal literature where they observed
- 5 degradation of explanted Prolene, and I also reviewed
- 6 extensive literature. I could go through paper by
- 7 paper, if you like, and they observed degradation of
- 8 Prolene implants.
- 9 Q. And we're going to get to that, but outside of
- 10 literature, Doctor, have you ever done any -- outside of
- your literature review, have you ever done any type of 11
- root cause analysis to determine if Prolene is 12
- 13 defective?
- 14 A. We have explored the mechanism by which polypropylene mesh degrades inside the body. 15
- 16 Q. Okay. And I'm sorry if my question wasn't clear. I was asking about Prolene. 17

18 So outside of literature, Doctor, have you ever

- done any type of root cause analysis to determine if 19
- 20 Prolene is defective?
- 21 A. What do you mean by "root cause analysis"?
- 22 Q. Any type of analytical study to determine if
- 23 Prolene is defective.
- 24 A. You mean actually perform experiments on

10 (Pages 34 to 37)

	Page 38		Page 40
1	Prolene? No.	1	28 women?
2	Q. Doctor, have you ever performed any type of	2	A. No.
3	accelerated aging tests for Prolene?	3	Q. Have you ever even seen the explants from these
4	A. No.	4	28 women?
5	Q. Doctor, you've cleaned mesh before, have you	5	A. No.
6	not?	6	Q. Do you know if any exist?
7	A. Yes.	7	A. I don't.
8	Q. Have you personally been involved in that	8	Q. Do you know why their mesh was removed?
9	process?	9	A. Because they had a problem. It's not ethical
10	A. Yes, I have.	10	to take mesh out if a person's not having a problem with
11	Q. And was that with the 11 explants in Boston	11	it.
12	Scientific?	12	Q. What do you base that on?
13	A. Yes.	13	A. It's a horribly invasive surgery.
14	Q. Have you ever personally cleaned Prolene mesh?	14	Q. What problem did Bonnie Blake have, Doctor,
15	A. No.	15	that required her mesh to be removed?
16	Q. Have you ever been involved in any type of	16	A. I don't know.
17	cleaning protocols for Prolene mesh?	17	Q. And, Doctor, what problem did Robin Bridges
18	A. With developing the cleaning protocol?	18	have that required her mesh to be removed?
19	Q. For Prolene mesh. Not polypropylene. Prolene	19	A. The specific complaints of the individuals, I
20	mesh.	20	don't know.
21	A. No, we haven't cleaned Prolene mesh.	21	Q. And, Doctor, do you know the specific reasons
22	Q. And but you haven't been involved in any	22	why any of the 28 plaintiffs' mesh were removed?
23	cleaning protocols for Prolene mesh; correct?	23	A. As I said before, because they were having a
24	A. There's an ASTM protocol, and that's what we	24	problem with it.
	Page 39		Page 41
1	use when we clean polypropylene.	1	Q. But my question is: Do you know the specific
2	Q. Right, but I'm asking about your personal	2	reason why any of these 28 plaintiffs' mesh was removed?
3	experience, Doctor. You've never been involved in any	3	A. No, I don't.
4	cleaning protocols for Prolene mesh; correct?	4	Q. You don't know when these 28 plaintiffs' meshes
5	A. No. Correct.	5	were implanted, do you?
6	Q. Doctor, look back at Exhibit 1 for me, please.	6	A. I do not have those records, no.
7 8	That's a notice of deposition?  A Yes	7 8	Q. And you don't know when they were explanted?  A. No.
9	Q. I'll represent to you that you're designated in	9	Q. Do you know how many pieces of an explant was
10	28 different lawsuits. Does that look about right?	10	removed?
11	A. That looks about right.	11	A. No.
12	Q. Do you know what and each lawsuit represents	12	Q. And do you know if these 28 plaintiffs'
13	the name of a plaintiff that received a Prolene implant;	13	explants were stored in formalin?
14	correct?	14	A. No.
15	A. Correct.	15	Q. You would agree that if explants exist for
16	Q. Do you know what product these 28 women	16	these 28 plaintiffs, that would be an important piece of
17	received?	17	evidence in this litigation; correct?
			A. That would be, yes.
18	A. All I know is it was Prolene, a Prolene-based	18	71. That would be, yes.
18 19	A. All I know is it was Prolene, a Prolene-based mesh.	19	Q. And would you like to review those explants?
			· · · · · · · · · · · · · · · · · · ·
19	mesh.	19	Q. And would you like to review those explants?
19 20	mesh. Q. You never reviewed medical records?	19 20	<ul><li>Q. And would you like to review those explants?</li><li>A. Sure.</li></ul>
19 20 21	mesh. Q. You never reviewed medical records? A. No.	19 20 21	<ul><li>Q. And would you like to review those explants?</li><li>A. Sure.</li><li>Q. And have you asked the plaintiffs' lawyers for</li></ul>

11 (Pages 38 to 41)

Page 42 Page 44 A. Well, I might very well at some point in time. 1 1 A. My experience with polypropylene, my 2 The first step was to get familiar with the case and 2 characterization of polypropylene-based meshes. 3 Q. Do you base --3 file my report. 4 4 Q. Doctor, have you ever seen any type of A. The literature that Ethicon has in-house going 5 histology slides from any of these 28 plaintiffs? 5 back to the early '80s where they again and again see 6 A. Not to my knowledge. 6 evidence of oxidative degradation of polypropylene 7 7 Q. Would you review histology slides if they were 8 8 available? Q. Doctor, you've never personally run any type of 9 A. I'd certainly look at them. 9 oxidation tests on Prolene; correct? Q. Have you asked for them? A. To my knowledge, not on Prolene. 10 10 A. I have not. 11 11 Q. And you've never done a molecular weight test? Q. Doctor, have you ever performed -- strike that. 12 A. We've done a lot of molecular weight tests. 12 13 Fair to say that you've never performed any 13 Q. On Prolene? 14 type of analytical testing on the explants of these 28 14 A. As I said earlier, we may have in the polymer plaintiffs: correct? 15 characterization lab at some time, but I don't recall 15 16 A. Correct. 16 explicitly doing molecular weight determinations on 17 Q. You've never done any type of SEM, FTIR, DSC, 17 Prolene. EDS, GPC on these plaintiffs' explants; correct? 18 Q. Okay. And you would have done that by GPC; 18 19 19 A. Correct. correct? 20 Q. Doctor, have you -- strike that. 20 A. Yes. It's not the only way to determine 21 I think we talked about this earlier, but it's 21 molecular weight, but it's a very common way to do it. undisputed that degradation affects the physical 22 Q. And, Doctor, those analytical testing 22 23 properties of mesh; correct? 23 techniques were available to you at your lab at UT; 24 24 correct? A. Yes. Page 43 Page 45 1 Q. And you've never performed any physical or A. We have those techniques available, yes. mechanical testing on the explants of these 28 2 Q. And, Doctor, when I asked you could you make 2 3 plaintiffs; correct? 3 any prediction about whether or not the mesh from these 4 A. Correct. 28 plaintiffs will oxidize, do you -- are you supporting 5 5 that opinion on any literature specifically about Q. That would include tensile strength, elongation, toughness, or Young's modulus; correct? 6 Prolene? б 7 A. Correct. 7 A. Yes. 8 8 Q. Also, we would include creep, stress, O. What literature? relaxation, and fatigue; correct? 9 A. Okay. Let's look in my report. 10 A. Correct. 10 Q. And I'm not talking about polypropylene. I'm 11 Q. You've not done any of that? talking about Prolene. Okay? 11 12 A. Okay. 12 A. Correct. Q. Doctor, the tests, the analytical tests that we 13 MR. MONSOUR: Just so you know, I've seen you 13 just talked about, the SEMs, the FDIRs, those show 14 look at your watch about 20 times, we're not going 14 15 oxidation: correct? 15 to hold your feet to the fire on three hours. I 16 16 A. Yes. mean, if you need some more time, let us know. Q. And have you done any type of testing 17 Within reason, but just let us know. 17 18 whatsoever on these 28 plaintiffs to show oxidation? 18 MR. HUTCHINSON: I appreciate it. 19 19 A. I have not. MR. MONSOUR: Don't worry. 20 A. The Reference 20 in my report, this is 20 Q. And, Doctor, can you make any type of 21 prediction about whether or not the mesh from these 28 21 Jongebloed, I guess that's how you say it, and Worst, plaintiffs will oxidize? 22 they reported an SEM study on a Prolene suture that had 22 23 been implanted in the human eye for one year, and they 23 A. Yes, I can. 24 Q. And what do you base that on? reported that both Prolene loops showed severe

12 (Pages 42 to 45)

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degradation of the surface layer. 1

Then Mary, et al., in 1998, that's Reference 21 in my report, they looked at polypropylene, Prolene sutures used in vascular surgery, and the explanted suture showed visible evidence of surface stress cracking.

7 Costello, et al., those are two papers from 2007. 8

- 9 Q. And did those -- but my question, sir, is about Prolene. Did those Costello papers reference Prolene? 10
- 11 A. Yes.

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- 12 Q. Okay. All right. Other than Jongebloed -- and you spell that J-o-n-g-e-l-b-o-e-d [sic] --13
- 14 A. I'm not sure we're pronouncing it right. Who 15
- 16 Q. -- Mary and Costello --
- 17 A. Yeah, there's two Costello papers.
- Q. Correct. Any other literature that you're 18
- supporting your opinions on? 19
- 20 A. Actually, Clave reports analysis of 100
- 21 explants, these were pelvic meshes from various
- suppliers, but they're really not explicit about where 22
- 23 they came from, but it may well be that there are some
- Ethicon materials in there.

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- Q. But you don't know for sure, do you, sir?
- 2 A. Not in the case of Clave.
- 3 Q. Okay. Thank you.
- A. I haven't seen firm evidence. But then I've
- 5 also got the internal Ethicon documents.
- Q. We're going to get to those in a minute, but б 7 I'm talking about the peer-reviewed literature. Okay?
- 8

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- 9 Q. So we'll get to those in a minute, but let's
- 10 stick with the peer-reviewed literature.
- A. Okay. 11
- 12 Q. Jongebloed, Mary, and Costello are the only
- literature regarding Prolene that you base your opinions 13 14
  - on; is that correct?
- 15 A. Yes.
- 16 Q. Okay. And, Doctor, I forgot to ask you about
- this earlier, but when we were talking about physical 17
- 18 and mechanical property testing, you'll agree that
- mechanical properties and the evaluation of mechanical 19
- properties is relevant when determining whether or not 20
- 21 mesh degrades?
- 22 A. I don't think it's necessarily relevant. One
- can determine if a material is degrading by
- spectroscopic means, chemical changes in the material,

or one could look at molecular weight changes in the

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2 material. If chains are being broken, degradation is 3

happening.

4 Those changes manifest themselves in changes in mechanical properties, but they're not the direct observation of the degradation process. You're measuring the consequences of degradation with those

8 studies.

9 Q. Doctor, but, nevertheless, evaluating 10 mechanical properties and physical properties are an 11 important part in your analysis of whether or not a 12 material degrades; correct?

13 A. No. As I just said, degradation can be 14 established with spectroscopy, with microscopy, with gel permeation chromatography, with light scattering, and 16 other molecular methods.

17 Q. Can degradation be established by reduction in physical properties?

19 A. If one measures a material and sees a reduction 20 in mechanical properties, again, just speaking

21 generically about mechanical properties at this point,

22 if one sees a change, then one might suspect degradation 23 is taking place, yes.

24 Q. All right. And just so the record's clear,

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degradation can be established by reduction in physical 2 properties; correct?

3 A. No, molecular level degradation needs

spectroscopy or molecular weight measurements.

5 Mechanical properties -- changes in mechanical

6 properties are merely an outcome of the chemical

changes. They're not direct.

8 Q. Doctor, would you ever tell your students at UT 9 to disregard the results of physical properties when 10 making a determination of whether or not a polymer has 11 degraded?

12 A. Well, if they had that material at hand, 13 certainly they would factor it into the analysis, but 14 it's not the direct analysis of whether or not a 15 material has degraded.

Q. I understand that, sir, but you will agree that it is one piece of the puzzle on whether or not a polymer has degraded; correct?

A. It's a piece of the puzzle, but it's a secondary piece of the puzzle. It's not a primary one.

21 Q. Doctor, do you have any evidence that any of 22 these 28 plaintiffs experienced any type of chronic pain

related to Prolene? 23

A. No direct evidence, but they had their mesh

13 (Pages 46 to 49)

Page 50 taken out, and I assume they had problems with it, or

- 2 they wouldn't be suing Ethicon.
- 3 Q. That's an assumption on your part; correct?
- 4 A. It is. It is.
- 5 Q. And, Doctor, can you identify by name a single
- person who has had a failure of their mesh for the
- 7 reasons that you outline in your report?
- 8 A. I would say that oxidative degradation is at
- 9 the heart of the problems that all of these people had
- with the mesh and it's the reason that there's multiple 10
- mesh companies with thousands of lawsuits around. 11
- People are having problems with polypropylene mesh. 12
- 13 It's fundamentally the wrong material to make a pelvic
- 14 mesh out of.
- 15 Q. Doctor, can you identify by name a single
- 16 person who has had a failure of their mesh for the
- 17 reasons outlined in your report?
- 18 A. Again, all these people --
- 19 Q. I'm just asking for a name.
- 20 A. All of these people, Bonnie Blake, Robin
- 21 Bridges, Carey Beth Cole, these people had problems with
- 22 their mesh.
- 23 Q. How did Bonnie Blake's mesh fail?
- 24 A. Oxidative degradation is at the core of what's

- of these removals, so every individual listed here. 1
- 2 Q. Okay. And, Doctor, how do you know that Bonnie
- 3 Blake's mesh was removed because of degradation without
- 4 reviewing the medical records?
  - A. It's made out of polypropylene. Polypropylene
- 6 is attacked inside the human body with strong oxidizing
- 7

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- 8 Q. Does Bonnie Blake have any mesh that's made out
- 9 of Prolene?
- 10 A. I have to assume that her mesh was made out of
- 11 Prolene because she's suing Ethicon.
- 12 Q. Do you know if Bonnie Blake has mesh that's
- 13 made out of Prolene?
- 14 A. I think it's a logical conclusion to reach.
  - Q. My question is: Do you know, sir, whether or
- 16 not Bonnie Blake has mesh that's made out of Prolene?
- A. I have not reviewed her medical records. Okay? 17
- 18 Q. But my question is: Do you know if Bonnie
- Blake has mesh that's made out of Prolene? Yes or no? 19
  - A. Yes.
- 21 Q. And what do you base that on?
- 22 A. The fact that she's suing Ethicon.
- 23 Q. Doctor, you're not a clinician?
- 24 A. I'm not.

Page 51

Page 53

Page 52

- happening to these materials inside the human body.
- 2 Q. And, Doctor, my question is: If you've not
- 3 reviewed Bonnie Blake's explant, how can you tell the
- jury that Bonnie Blake's explant failed because of
- 5 oxidative degradation?
- A. We have examined explants, to the extent that 6
- we could lay our hands on them, and there's indication
- 8 of oxidative degradation in all the ones that we've
- 9 seen.
- 10 Q. I understand that, but you've never examined
- Bonnie Blake's explant, have you? 11
- 12 A. I have not.
- 13 Q. And, Doctor, can you identify by name a person
- 14 who has had mesh removed because of specifically
- 15 degradation?
- 16 A. Well, again, it's what I'm saying. There's
- this list of women here, and they had problems with 17
- 18 their mesh. And polypropylene is fundamentally
- susceptible to oxidative degradation. It's inherent to 19
- 20 its chemical structure.
- 21 Q. Doctor, can you identify the name of a person
- 22 who has had their mesh specifically removed because of
- 23
- 24 A. I believe oxidative degradation is behind all

- 1 Q. And you haven't -- have you ever reviewed a
- 2 medical record that says the surgeon is removing Prolene 3 mesh as a result of degradation?
- 4 A. I don't review medical records normally. I'm a
- 5 polymer scientist. I'm a polymer chemist. The
- 6 chemistry of polymers, the characterization of polymers,
  - is my thing. I'm not a medical doctor.
- 8 Q. I understand that, Doctor, but my question is:
- 9 Have you ever reviewed a medical record that says a
- 10 surgeon is removing Prolene mesh as a result of
- degradation? 11
- 12 A. I have not.
- 13 Q. Doctor, have you done anything whatsoever to
- 14 explain how the alleged effects of degradation have
- 15 caused clinical harm to any of these 28 plaintiffs?
- 16 A. Well, my report describes what happens to the 17 properties of polypropylene when they undergo
- 18 degradation, and it's the mechanical mismatch between
- 19 the degraded implants and the soft tissue that surrounds
- 20 it that's the root cause of these problems.
- 21 Q. Do you know the symptoms that any of these 28 22 plaintiffs were complaining about?
- 23 A. Individual symptoms will vary, but pain is a

24 very common one.

14 (Pages 50 to 53)

Page 54

Q. Do you -- but do you know the specific symptoms 1 1 2 of these 28 plaintiffs in these cases that you're designated as an expert in?

- 4 A. No, I don't.
- 5 Q. And, Doctor, are you qualified to teach
- 6 students at UT how degradation can cause clinical harm?
- 7 A. Yes, I am. I've taught a lot of biomedical 8 students in the past.
- 9 Q. And, Doctor, have you ever taught any students at UT that degradation causes clinical harm? 10
- A. Certainly I have done that, yes. 11
- 12 Q. And, Doctor, have you ever taught any of your
- 13 students at UT how Prolene causes clinical harm?
- 14 A. Explicitly with Prolene, no, but with a variety
- 15 of biomaterials, whether it's bone cement or what have
- 16 you. Degradation is a bad thing.
- 17 Q. And, Doctor, have you ever taught your students 18
- at UT anything about Prolene?
- A. Yes. I teach them about polypropylene, and 19
- Prolene is made of polypropylene. 20
- 21 Q. Doctor, have you ever taught your students
- 22 about Prolene specifically?
- 23 A. Specifically by name, Prolene, no, but
- isotactic polypropylene with the usual package of

Q. And, Doctor, are you aware that a West Virginia

Page 56

Page 57

- federal judge ruled that your testing of the Boston
- 3 Scientific products was unreliable and excluded it?
- 4 A. That's correct, but those data were eventually 5 published in the top biomaterials journal in the world
- after undergoing, not only rigorous peer review, but
- 7 also the paper was reviewed for merit by the editorial
- 8 advisory board because the work was done under
- 9 litigation, for litigation purposes.
- Q. Doctor, have you ever done any type of testing 10 11 of mesh explants that's been admitted in a court?
  - A. Not yet.
- 13 Q. In the Boston Scientific, Doctor -- I'm sorry.
- 14 Strike that.

12

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15 In the Boston Scientific litigation, you

16 testified that you're not an expert in the design of

surgical mesh. Do you stand by that? 17

- 18 A. I'm not an expert in the design of surgical
- 19 mesh. I'm an expert in the polymers that the surgical
- 20 meshes are made of, whether they're polypropylene,
- 21 polyethylene terephthalate, polyvinylidene fluoride.
- 22 I'm knowledgeable broadly about polymer chemistry and
- 23 characterization of polymers.
- 24 MR. MONSOUR: At the end of this, you're going

Page 55

- additives, such as processing aids and antioxidants,
- 2 yes.

1

- 3 Q. Doctor, I know that you've worked for --
- against, rather -- Boston Scientific. Have you ever
- 5 done any type of analytical testing of pelvic mesh
- 6 explants other than in Boston Scientific?
- 7 A. No.
- 8 Q. And, Doctor, are you -- did you perform any
- 9 type of physical property testing of the pelvic explants
- 10 in the Boston Scientific litigation?
- 11 A. We measured the materials by spectroscopy, we
- did GPC, we looked at the materials with 12
- thermogravimetric analysis, SEM with EDS, but we did not 13
- 14 measure mechanical properties of those materials.
- 15 Q. Why not?
- 16 A. We were interested in determining what caused
- the degradation of those materials once we noted the 17
- 18 degradation, and we used spectroscopy and GPC to do it.
- As I mentioned earlier, those are the primary tools that 19
- one would use to get direct evidence of degradation and 20
- 21 to identify what's causing the degradation.
- 22 Q. Doctor, you'll agree that the adherence to
- 23 protocols and controls is the hallmark of good science?
- 24 A. Yes.

- to have to spell, probably, a few of those.
- THE WITNESS: We'll do that.
- 3 MR. HUTCHINSON: Yeah. 4
  - THE WITNESS: We'll do that.
  - BY MR. HUTCHINSON:
- 6 Q. But -- I'm sorry. You're not an expert in the 7
  - design of surgical mesh?
- 8 A. Actually designing the mesh, the geometry, the 9
- shape, no, I'm not.
- 10 Q. And, Doctor, you testified in Boston Scientific that polypropylene meshes should not be available to 11
- 12 doctors to treat SUI or POP. Do you recall that?
- 13 A. Yes.
- 14 Q. And do you stand by that?
- 15 A. Yes, I do.
- 16 Q. Doctor, you testified that polypropylene
- vaginal mesh is a very bad idea. Do you stand by that? 17
- 18
  - Q. And you've never shared those views with any
- physicians at UT; is that right? 20
  - A. Yes, I have.
- 22 Q. When did you do that?
- 23 A. I did that late summer/early fall of last year.
- 24 Q. And you did that after you were cross-examined

15 (Pages 54 to 57)

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Page 58 Page 60

- about that; correct? 1
- 2 A. Yeah, I did.
- 3 Q. Doctor, have you ever told the doctors at UT 4 that Prolene mesh should not be used to treat SUI or 5 POP?
- 6 A. I cautioned them about polypropylene mesh 7 broadly.
- 8 Q. Okay. But my question is specifically about 9 Prolene. Have you ever told the doctors at UT that Prolene mesh should not be used to treat SUI or POP? 10
- A. When I told them that polypropylene mesh should 11 not be used, that it's a bad idea, that it's susceptible 12
- to degradation inside the human body, they should know 13
- that Prolene is polypropylene-based pelvic mesh, just 14 like Marlex is. 15
- 16
- Q. But, Doctor, have you ever told doctors at UT 17 that using Prolene mesh should not be done in treating SUI or POP? 18
- A. Not yet. 19
- 20 Q. Doctor, you testified in the Boston Scientific
- 21 litigation that you couldn't cite any literature that
- 22 states there's a clinical effect of degradation on a
- 23 patient. Do you remember that?
- 24 A. Yes, I do.

with this soft vaginal tissue, but as the oxidative

process takes place, the mesh stiffens, and then it can 3

no longer move with that material.

So you've got soft flesh moving and the mesh isn't moving, so there's an abrasion, and this is a sort of thing that can lead to the abrasions that are seen with this mesh.

- 8 Q. Doctor, stick with me. Are you aware of any 9 literature that states there's a clinical effect of
- Prolene degradation on a patient? That's my question. 11
- A. I may have -- I may very well have seen that in 12 all of my literature review, but I can't call it out as 13 I sit here right at this moment.
- 14 Q. And you didn't cite any reference in your 15 report that says there's a clinical effect of Prolene 16 degradation on a patient; correct?
- 17 A. Actually, on thinking about it, I think this 18 Klinge article, Reference 42, calls this out.
- 19 Q. And what does it say about the clinical effect 20 of Prolene degradation on a patient?
- 21 MR. MONSOUR: I'm going to object to form. Can 22 I ask you one question just for clarity's sake? Are you talking about polypropylene articles, or are you 23

24 talking --

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- 1 Q. And, Doctor, to this day, are you still unaware 2 of any literature that states there's a clinical effect
- 3 of degradation on the patient?
  - A. No. I've gone and reviewed literature.
- 5 Q. And, Doctor, are you aware of any literature
- that states there's a clinical effect of degradation on б 7 the patient?
- 8 A. Yes.
- 9 Q. And what literature is that?
- 10 A. The book by Williams is the key reference.
- Q. What's the name of the book? 11
- 12 A. Let me find it. It's in my reference list
- 13 here.

4

- 14 Yeah, it's Reference 44, Essential Biomaterials 15 Science.
- Q. And that's the key reference that you rely on? 16
- 17 A. Yes.
- 18 Q. Doctor, does the Williams book say anything at
- all about the clinical effect of degradation of Prolene? 19
- 20 A. I don't recall it calling out Prolene by name,
- 21 but it basically lays out that implants have to be
- 22 mechanically compatible with the tissue that they're
- implanted in, and initially a polypropylene mesh,
- including the Ethicon meshes, are supple and they move

- MR. HUTCHINSON: Prolene.
- 2 MR. MONSOUR: -- about, like, medical articles?
- 3 MR. HUTCHINSON: I'm talking about any medical
  - article referring to Prolene, which is different
- 5 than polypropylene.
- 6 BY MR. HUTCHINSON:
- 7 Q. Doctor, that's the question.
- 8 MR. MONSOUR: You can answer. You can answer.
- 9 The only thing I'm trying to get at is just -- you
- 10 can keep asking your question.
- 11 A. You know, I'd have to go back and look at this
- 12 Reference 42 to make absolutely sure, but I believe that
- one does call out Prolene by name. I believe he was 13
- 14 actually a consultant with Ethicon at the time, and so
- 15 he was looking at their materials.
- 16 Q. Doctor, in Boston Scientific you testified
- 17 you're not an expert in the biological response to
- 18 foreign bodies. Do you stand by that?
- 19 A. Well, I don't do research in that area day in
- 20 and day out, so I'm not a card-carrying expert in that
- 21 area, but I understand a bit about it, a bit about what
- 22 the body does to foreign matter when it's placed inside
- 23 it. So I'm not -- I'm not ignorant about it. I'm just
- 24 not --

16 (Pages 58 to 61)

Page 61

Page 62

- Q. And, Doctor, you testified in the Boston 1
- 2 Scientific trial about degradation, didn't you? About
- degradation? 3
- 4 A. Can you be more specific?
- 5 Q. Well, in the Boston Scientific trial, when you 6 gave opinions -- strike that.
- 7 In the Boston Scientific litigation, did you
- 8 give opinions about degradation without knowing what
- 9 antioxidants were put into the product?
- 10 A. I gave opinions about degradation of
- polypropylene in general and about degradation of 11
- 12 polypropylene with antioxidants added, and I knew what
- 13 antioxidants were added, just as I know what
- 14 antioxidants were added to the Prolene.
- 15 Q. And, Doctor, is it your testimony under oath
- 16 that you knew what antioxidants were added to Boston
- 17 Scientific's products before you gave opinions about
- 18 degradation?
- A. I did not know initially exactly what additives 19
- were in there, but later on as I worked more on that 20
- 21 case I gained information on the antioxidants were
- there. The expert on Boston Scientific's side actually 22
- 23 denied that antioxidants were in there at the beginning.
- 24 Q. Doctor, you'll agree with me that there's been
  - Page 63
- a long-term effective use of Prolene in the human body?
- 2 A. Yes. I don't -- I don't condemn polypropylene
- 3 broadly as a biomaterial. It has applications,
- certainly, in sutures. That's fine. It's been used for
- 5 a long time there.
- Q. Do you condemn Prolene for use in the human б 7 body?
- 8 A. As a vaginal mesh, as a pelvic mesh, yes.
- 9 Q. For a vaginal mesh only?
- 10 A. There are issues with it in possibly other
- applications, but I -- because it is degrading. There 11
- is oxidative degradation that's taking place in the 12
- 13 material.
- 14 Q. Right, but my question is for vaginal mesh
- 15 only.
- 16 A. Yes, I think -- I think Prolene is a very bad
- 17 idea for vaginal mesh.
- 18 Q. And vaginal mesh only; correct?
- A. No, I wouldn't -- I wouldn't say that. It 19
- could extend to other applications. 20
- 21 Q. Where else do you condemn the use of Prolene in
- 22 the human body?
- 23 A. There may be issues with hernia mesh.
- 24 Q. Where else?

- 1 A. I don't know. That's all that comes to mind
- 2 now.
- 3 Q. Doctor, since your deposition -- by the way,
- 4 the last time you were deposed was in December of 2014; 5 correct?

Page 64

- 6 A. In the Boston Scientific matter, yeah, I think
- 7 so. That sounds about right. But I've actually been
- 8 deposed in another matter since then.
- 9 Q. Was it a matter relating to vaginal mesh?

10

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- 11 O. What was it about?
- 12 A. It was about surgical sealants. It was a
- 13 patent dispute.
- 14 Q. Have anything to do with polypropylene?
- 16 Q. Doctor, since your last deposition in the mesh
- litigation in 2014, have you undertaken any type of 17
- investigation as to why there's been long-term effective
- use of Prolene in the human body? 19
  - A. Certainly I've read a lot of literature about
- 21 the use of Prolene as a biomaterial. And, you know, a
- 22 little surface cracking caused by oxidation isn't a big
- 23 issue if you're using the material as a suture. The
- material can become stiffer and still perform. The
  - Page 65

suture's put in; the body heals quickly. Right?

- 2 But this mesh is designed to be a permanent
- 3 implant and it's designed to move with the body. One
- has to consider the function that the material is going
- 5 to be used for inside the body.
- 6 Q. Doctor, you know that sutures, Prolene sutures,
- 7 are designed to be permanently implanted in the body,
- 8 don't you?
- 9 A. Yes, I do.
- 10 Q. And, Doctor, you know that hernia mesh is
- 11 designed to be permanently implanted in the body, don't
- 12 vou?
- 13 A. I do.
- 14 Q. Doctor, since 2014, your last deposition, have
- you found any scientific or medical literature that says
- Prolene should not be used for mesh implants in the 16
- 17 human body?
- 18 A. Actually, I have. I've seen Ethicon's own
- 19 documentation, which indicates that Prolene is far from
- 20 an ideal material.
  - Q. I'm asking you, sir, about scientific
- 22 literature, medical literature.
- 23 A. Well, this is literature, internal literature,
- 24 but it's from Ethicon scientists.

17 (Pages 62 to 65)

21

7

Page 66

- 1 Q. Doctor, my question is about peer-reviewed
- literature. Have you seen any peer-reviewed literature
- that says Prolene should not be used as mesh implants in
- 4 the human body?
- 5 A. Well, I can go back to the Clave paper. They
- looked broadly at polypropylene meshes from a variety of
- 7
- 8 Q. Did Clave conclude that Prolene mesh should not
- 9 be used in the human body?
- 10 A. They've had issues with use of
- polypropylene-based meshes. 11
- 12 Q. But did they conclude that Prolene mesh should
- 13 not be used in the human body?
- 14 A. Not explicitly.
- 15 Q. Are you aware of any other article, Doctor?
- 16 A. Costello.
- 17 Q. That says -- that concludes -- my question is
- specific. Are you aware of any peer-reviewed literature
- that says Prolene mesh should not be used in the human 19
- body? 20

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- 21 A. I'm not aware of any literature that has that
- 22 exact statement in there.
- 23 Q. Doctor, have you ever told the doctors at UT
- that Prolene mesh should not be used for hernia repair?
  - Page 67
  - A. I cautioned them about use of polypropylene
- 2 mesh broadly, that the material is degrading, whether 3 it's hernia or pelvic.
- 4 Q. But have you ever told doctors at UT that
- 5 Prolene mesh should not be used for hernia repair? 6
  - A. Explicitly Prolene by name, no, but when I say "polypropylene mesh," logically that includes the whole
- range of manufacturers, including Prolene.
- 9 Q. And, Doctor, have you concluded that -- have
- 10 you ever concluded that Prolene is toxic to the human
- 11 body?
- 12 A. I have not.
- 13 Q. Doctor, can you tell us the mechanism of action
- by which oxidation causes pain in the human body? 14
- 15 A. Yes, I can. Oxidation in polypropylene takes
- 16 place in the amorphous regions of the polypropylene.
- Polypropylene is really a composite. It's about half 17
- 18 crystals. That's what gives polypropylene its strength.
- Q. Well, I'm going to get to the -- we're actually 19
- going to get to that in just a minute. My question is 20
- 21 about how the mechanism of action of oxidation causes
- 22 pain in the human body.
- 23 A. Okay. Oxidation causes the mesh to stiffen.
- The mesh is designed to be flexible and to move with the 24

soft pelvic tissue in a woman. And being a mesh, tissue

Page 68

Page 69

- grows into it, nerves grow into it, and when the
- 3 oxidative degradation occurs and the polypropylene
- stiffens, the mesh can no longer move in concert with
- 5 that soft tissue that it's implanted in, so this creates 6 a sliding force or friction.
  - And in my report I liken it to taking fine
- 8 fishing line, which is basically what this mesh is,
- 9 polypropylene is widely used as fishing line, and
- 10 rubbing it across delicate skin. If you've been fishing
- 11 and you've done that, it can hurt. And that's what's
- happening. That's the root cause of the pain. 12
- 13 Q. And, Doctor, in your fishing line example, if 14
  - the fishing line was oxidized, would it have cracks on the outer laver?
- 15
- 16 A. If it's oxidized, it will have cracks on the
- 17 outer layer.
- 18 Q. And in your fishing line example, would those
- 19 cracks on the outer layer reduce physical properties of
- 20 the fishing line?
- 21 A. Cracks can certainly reduce physical
- 22 properties.
- 23 Q. It would reduce the toughness of the fishing
- 24 line?

A. It would reduce toughness.

- 1 2 Q. It would reduce the tensile strength of the
- 3 fishing line?
- 4 A. It would reduce tensile strength if those
- 5 cracks were large enough.
- 6 Q. Doctor, you know that Ethicon has a long
- 7 history of use of Prolene sutures, don't you?
  - A. Yes.

8

- 9 Q. Do you know how long the sutures have been on
- 10 the market? 11
  - A. Many years. Probably around 50 years.
- 12 Q. And do you know if the sutures, Ethicon
- 13 sutures, were approved by FDA as safe and effective? 14
  - A. I must assume that they were, yes.
- 15 Q. Doctor, do you have any criticisms whatsoever
- 16 regarding Ethicon's Prolene sutures?
- A. No, I think the sutures are perfectly fine. 17
- 18 Q. Doctor, is it your testimony that patients --19 strike that.
- 20 Doctor, is it your opinion that every doctor
- 21 who uses a Prolene mesh product for pelvic floor repair
- 22 is committing malpractice?
- 23
  - Q. Doctor, what about the surgeons, the implanting

18 (Pages 66 to 69)

3

Page 70

- 1 surgeons for these 28 plaintiffs, Ms. Bonnie Blake, all
- 2 the way down through Ms. Wroble, did these doctors
- 3 commit malpractice by using a Prolene implant in these 4 plaintiffs?
- A. I don't believe they did. They used a product that Ethicon represented to them was safe for use.
- Q. Doctor, do you know what "the gold standard" means?
- 9 A. I've certainly heard the term.
- Q. Have you ever heard or read that TVT is known
- 11 as the gold standard?12 A. I have read that.

15

- Q. And, Doctor, do you disagree with the doctors
- 14 and scientists who have called TVT the gold standard?
  - MR. MONSOUR: Objection. Form.
- 16 A. Could you repeat the question?
- Q. Do you disagree with the doctors and scientists
- 18 who have called TVT the gold standard?
- 19 MR. MONSOUR: Objection. Form.
- A. They can certainly call it the gold standard.
- 21 That's fine. That's their opinion.
- Q. Do you disagree with that?
- A. I do. I'm an expert in the material that these
- 24 meshes are made of, and the mesh, in my opinion, is
  - Page 71
  - unsuitable for use in pelvic applications.
- Q. Doctor, is it your opinion that every person
- 3 who has had a Prolene vaginal mesh implant will
- experience product failure?
- 5 A. Not everyone will experience product failure.
- 6 People are different. There can be -- you can put the
- 7 same mesh in two different people and they'll respond
- 8 differently.
- 9 But what I do believe is, if you leave that
- mesh in there long enough, you will have oxidativedegradation of that mesh occurring, and it will stiffen.
- Q. And that would be for hernia repair too?
- 13 A. Yes.
- 14 Q. Doctor, how can you tell which particular
- 15 person will have product failure that have received a
- 16 Prolene vaginal mesh?
- 17 A. I don't know.
- 18 Q. And, Doctor, is it your opinion that every
- 19 person who has had a Prolene hernia mesh implant will
- 20 experience product failure?
- 21 A. No.
- Q. Why not?
- A. Well, the record bears it out. A lot of people
- 24 have these implants and they never experience problems,

- 1 but there's a certain percentage of people that do.
- 2 Q. Do you know that percentage?
  - A. Well, I don't, and I'm not here to guess.
- 4 Q. Okay. Doctor, what would the gold standard be,

Page 72

- 5 in your opinion, for the material used to treat pelvic
- 6 floor repair?7 A. From the
  - A. From the literature I've reviewed, it looks
- 8 like polyvinylidene fluoride might be a better choice.
- 9 Q. PVDF; is that correct?
- 10 A. Yes. It looks like PET might also be a better
- 11 choice.

13

18

- 12 Q. And what does PET stand for?
  - A. Polyethylene terephthalate.
- Q. And PVDF is polyvinylidene fluoride; correct?
- 15 A. Yes
- 16 Q. And, Doctor, is it your testimony that -- which
- 17 one is -- well, let me back up.
  - Are you aware of any other materials that
- 19 should be used for pelvic floor repair other than PVDF
- 20 and PET?
- A. I think those are the ones that people have
- 22 done some studies on and they show some promising
- 23 results.
- Q. And is it your testimony that PVDF and PET are

Page 73

- the safer alternatives than Prolene, Doctor?
- 2 A. They're less susceptible to degradation inside
- 3 the human body.
- 4 Q. Are they safer alternatives than Prolene,
- 5 Doctor?
- 6 A. More studies would have to be carried out.
- 7 Q. Can you testify to a reasonable degree of
- 8 scientific certainty whether or not PVDF and PET are
- 9 safer alternatives compared to Prolene?
- 10 A. I can only say that they're less susceptible to
- 11 degradation inside the human body.
- Q. My question, sir, can you testify to a
- 13 reasonable degree of scientific certainty on whether or
- 14 not they are safer alternatives compared to Prolene?
- 15 Yes or no?

16

19

- A. No, I'd need more data.
- Q. Doctor, are you aware of any -- and, by the
- 18 way, which material are you advocating, PVDF or PET?
  - A. I'm not really an advocate for any of these
- 20 materials.
- Q. Which materials do you believe would be safer
- 22 between PVDF and PET?
- A. I'm not here to testify about that. I'm here
- 24 to testify that polypropylene, including Prolene, is a

19 (Pages 70 to 73)

	Page 74		Page 76
1	bad choice.	1	comprised of proteins?
2	Q. Do you have an opinion, sir, to a reasonable	2	A. Tissue's certainly got proteins in there.
3	degree of scientific certainty on whether or not PVDF or	3	Q. And do you know the adhesion properties of PVDF
4	PET is a safer alternative?	4	compared to Prolene?
5	A. I think they're worth investigating.	5	A. I haven't measured those, no.
6	Q. Can you make a difference between the two?	6	Q. Fair to say, based on your chemical background,
7	A. No.	7	Doctor, that PVDF is a hybrid between polypropylene and
8	Q. Doctor, are you aware of any medical device on	8	Teflon?
9	the planet that's made out of PVDF for use in vaginal	9	A. I would characterize it as more of a hybrid
10	reconstructive surgery?	10	between polyethylene and Teflon.
11	A. The actual product name? I could go into some	11	Q. Nevertheless, it's right in the middle; right?
12	of these papers and find out. Would you like for me to?	12	A. It's right in the middle, but that one methyl
13	Q. Yeah, I'd like for you to	13	group makes a big difference on polypropylene.
14	A. We can go to the Mary, for example.	14	Q. And, Doctor, you've strike that.
15	Q. My question, sir, are you aware of any mesh,	15	You've never designed a PVDF or PET implant of
16	vaginal mesh, on the market that is made out of PVDF?	16	any kind; correct?
17	A. I am not aware of one.	17	A. I have not.
18	Q. And, Doctor, you've never tested the	18	Q. Doctor, could any mesh product be reasonably
19	durability, the tensile strength, or the toughness of	19	safe and effective for its intended use in the pelvic
20	PVDF or PET, have you?	20	floor region?
21	A. We have done some testing of PET for sure.	21	A. Repeat that, please.
22	Q. What about PVDF?	22	Q. Could any mesh product be reasonably safe and
23	A. I don't believe we have.	23	effective for use in the pelvic floor region?
24	Q. And, Doctor, would you ever give PVDF a	24	A. It's certainly possible, yes.
			· · ·
1	Page 75	1	Page 77
1	lifetime guarantee if it was implanted in a woman?	1	Q. And could you tell us what that composition
2	A. I would need some more data before I would do	2	consists of?
3	that.	3	A. I can tell you what it's not, and that's
4	Q. Same for PET?	4	polypropylene.
5	A. Yes.	5	Q. Can you tell us what the composition should be,
6	Q. PVDF is a different chemical composition of	6	sir?
7	Prolene; correct?	7	A. I cannot.
8	A. Yes.	8	Q. Can you tell us the thickness?
9	Q. So is PET?	9	A. No.
10	A. Yes.	10	Q. Can you tell us the weave?
11	Q. And you've never done a study to determine	11	A. No.
12	whether or not PVDF or PET is a safer alternative;	12	Q. Can you tell us the pore size?
13	correct?	13	A. No.
14	A. I have not.	14	Q. Can you tell us the tensile strength?
15	Q. And are you aware of any literature that says	15	A. No.
16	PVDF or PET is a safer alternative than Prolene?	16	Q. Can you tell us the density?
17	A. No. As I said earlier, you asked me this	17	A. No.
18	before, I said that I've seen literature that says	18	Q. Are you aware of anybody who has done a
19	they're less susceptible to degradation inside the human	19	design strike that.
20	body.	20	Doctor, as a materials scientist, are you aware
21	Q. You've never done a study to determine whether	21	of any material that's completely inert?
22	or not tissue will adhere to PVDF, have you?	22	A. No.
23	A. I have not.	23	Q. And, Doctor, are you aware of any product on
24	Q. Okay. And you understand that tissue is	24	the market for treatment of stress urinary incontinence

20 (Pages 74 to 77)

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- or pelvic organ prolapse that is completely inert?
- 2
- 3 Q. Doctor, are you aware of any medical device in
- 4 the world that is completely inert?
- 5 A. No.
- 6 Q. Degradation. How do you define degradation?
- 7 A. Change in the chemical structure.
- 8 Q. And it also means a loss of molecular weight;
- 9 correct?
- 10 A. Well, again, we're back to where we were a
- couple of times previously. Degradation means a change 11
- in structure. It's detected with spectroscopy as 12
- introduction of different chemical groups. It can also 13
- be detected in polymers by degradation, decrease in the 14 15
  - molecular weight.
- 16 Mechanical properties are a consequence of 17 the -- mechanical properties changes are a consequence
- of these chemical changes. 18
- Q. Doctor, have you ever testified that 19
- degradation means loss of molecular weight? 20
- 21 A. That degradation means loss of molecular
- 22 weight? Degradation of a polymer can certainly be loss
- of molecular weight, but you could have oxidative
- degradation of a material. In its early stages, you're

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- actually increasing the molecular weight because you're
- 2 incorporating oxygen into it.
- 3 Q. Doctor, there must be a loss of molecular weight for degradation to occur; correct?
- 5 A. Must be a loss of? Well, with polymers, if
- 6 you're talking about oxidative degradation of
- 7 polypropylene, you will see a reduction in molecular 8 weight.
- 9 Q. Thank you. And there must be -- there must be 10 a reduction in molecular weight for degradation for a polymer; correct? You can't have one without the other?
- 11 A. Degradation? Yes, you can. You can have 12
- 13 chemical changes. Remember, I defined degradation as
- 14 chemical changes in the polymer. You could have
- oxidation occurring at some level not to the point where
- it actually starts to cleave the chain and you will see 16
- 17 increase in the molecular weight of the material.
- 18 Q. But, Doctor, for oxidative degradation to
- 19 occur, there must be loss of molecular weight; correct?
- 20 A. Yes, when oxidative degradation of
- 21 polypropylene occurs, there is degradation of molecular
- 22 weight.
- 23 Q. And when oxidative degradation of Prolene
- occurs, there must be loss of molecular weight; correct?

- 1 A. There will be reduction in molecular weight.
- And I want to be specific about molecular weight.
- 3 Molecular weight is a term that gets tossed around
- 4 loosely a lot with polymers, but there are different
- 5 types of average molecular weights.
- 6 Q. Right.

8

16

18

1

- 7 A. Number average, weight average.
  - Q. I'm going to get to those in just a minute.
- 9 But if oxidation occurs, you must have cleavage of the polymer chain? 10
- A. Oxidative degradation of polypropylene does 11
- 12 lead to chain cleavage, that's correct.
- 13 Q. And oxidative degradation of Prolene leads to
- 14 strong carbonyl bands present on FTIR that weren't there
- before: correct? 15
- A. Correct. 17 Q. And strong -- I'm sorry.
  - Oxidative degradation of Prolene leads to
- 19 reduced physical properties; correct?
- 20 A. It changes physical properties. It depends on
- 21 the particular one whether it's reduced or not.
- 22 Q. And when the polymer chain is cleaved, there's
- 23 a reduction in physical properties; correct?
- 24 A. Well, you have to specify which one.

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Page 80

- Q. All right. My question, sir, is the polymer
- chain of Prolene. When the polymer chain of Prolene is
- 3 cleaved, there will be a reduction in physical
- 4 properties?
- 5 A. Again, it's which one? Are you talking about
- 6 tensile strength? Are you talking about compliance?
- 7 Are you talking about modules?
- 8 Q. I'm talking about, actually, any physical
- 9 property.
- 10 A. Well, the tensile strength when molecular
- 11 weight decreases will generally decrease. Tensile
- strength will decrease. But if you have this oxidative 12
- degradation occurring in the material, the modulus of 13
- 14 the material will actually increase, but the compliance
- 15
- 16 Q. Will toughness decrease when there's oxidative 17 degradation?
- 18 A. Yes. The material becomes embrittled.
  - Q. And, Doctor, you know what toughness is, don't
- 20 you?

19

- 21 A. I do.
- 22 O. And that's the area -- that's the area under
- 23 the curve under a stress-strain?
- 24 A. That's one good measure of toughness, yes.

21 (Pages 78 to 81)

1

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- Q. In fact, that's probably the best measure of 1 toughness, isn't it? 2
- 3 A. It's a great one, yes.
- 4 Q. Okay. And that's the one you teach your 5 students at UT?
- 6 A. I certainly do, yes.
- 7 Q. Okay. And when a material increases in
- 8 toughness, what does that tell you about the property,
- 9 physical properties?
- 10 A. It tells me it got tougher.
- Q. And when a material increases in toughness, 11
- what does that tell you about whether or not degradation 12
- 13 has occurred?
- 14 A. It would -- it might depend on the material.
- 15 You can't just make a broad, sweeping statement with
- 16 every material that it's going to be the same.
- Q. Okay. What about Prolene? What does that tell 17 18 you about the toughness of Prolene?
- 19 A. It's known that when polypropylene oxidatively
- 20 degrades, it becomes embrittled. So less tough, more
- 21 brittle.
- 22 Q. And for Prolene, when -- if Prolene oxidatively
- 23 degrades, Prolene toughness will decrease; correct?
- 24 A. Yes.

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23

- 1 Q. Do you know Dr. Howard Jordi?
- 2 A. I've heard the name. I don't know him.
- 3 Q. Do you know if he has ever found a loss of
- molecular weight in an explant? 4
- 5 A. I don't know.
- 6 Q. We talked about this earlier, and if we did, I
- 7 apologize. If there is a loss of molecular weight,
- there is a decrease in toughness; correct? Of Prolene? 8 9
  - A. A decrease in molecular weight?
- 10 Q. If there's a loss of molecular weight in
- Prolene, there's a decrease in toughness of Prolene; 11
- 12 correct?

24

- 13 A. Yes, there generally would be a decrease in
- 14 toughness with decrease in molecular weight, but it's
- 15 not that simple, because people have tried with
- ultrahigh molecular weight polymers like polyethylene to 16
- 17 get the degree of crystallinity as high as possible
- 18 through processing tricks, and if you do that, you can
- actually cause the material to become brittle. So 19
- 20 processing plays a role. I'm not trying to be
- 21 difficult. It's just -- it's more complicated.
- 22 Q. Doctor, are you aware of any peer-reviewed
- 23 literature that shows Prolene has lost molecular weight?
  - A. You mean has actually been degraded?

- Q. No, sir. My question is: Are you aware of any
- peer-reviewed literature that shows Prolene has lost
- 3 molecular weight?
- 4 A. You mean it's become lower molecular weight 5 after a degradation process?
- 6 Q. My question is: Are you aware of any
- 7 peer-reviewed literature that shows Prolene has lost 8
  - molecular weight specifically?
- 9 A. Has lost molecular weight due to what? That's what I'm asking. 10
- 11 Q. For any reason.
- 12 A. If one just takes the material and puts it in
- 13 an extruder and keeps heating and shearing it, it's
- 14 going to lose molecular weight.
- Q. Right. But my question is about peer-reviewed 15
- 16 literature. Are you aware of any peer-reviewed
- 17 literature that shows Prolene has lost molecular weight
- 18 specifically?
- 19 A. As I sit here, I don't know a paper with
- 20 Prolene specifically.
- 21 Q. And are you aware of any studies that shows
- 22 Prolene has lost molecular weight?
  - A. Again, your question is vague and I don't
- 24 understand your question.

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Page 84

- 1 Q. My question is, sir: Are you aware of any
- 2 studies that shows Prolene has specifically lost
- 3 molecular weight?
- 4 A. It has become reduced in molecular weight, one
- 5 average or the other, after some physical encounter? As
- 6 I sit here, no.
- 7 Q. And, Doctor, have you ever seen any type of
- 8 specific molecular weight tests that have been done on
- 9 Prolene?
- 10 A. I saw a little bit of GPC data in some of the
- 11 internal Ethicon documents.
- 12 O. And what did it show?
- 13 A. What they showed in that limited data was
- 14 marginal changes, small changes, in molecular weight.
- 15 Q. Doctor, are you aware of any evidence to
- confirm that these 28 plaintiffs' explants lost 16
- molecular weight? 17
- 18 A. I have not seen molecular weight data on
- 19 explants of these patients.
- 20 Q. And, Doctor, have you seen any evidence to
- 21 confirm that these 28 patients' explants had a change in
- 22 the physical properties of their mesh?
- A. Just back to what I said earlier, 23
- 24 polypropylene, including Prolene, undergoes oxidative

22 (Pages 82 to 85)

Page 86 Page 88 1 degradation. A. No. 1 2 Q. Doctor, we've talked about antioxidants 2 Q. And you've never studied how long the 3 already? 3 antioxidants in Prolene will delay oxidation in vivo; 4 4 A. Yes. correct? 5 5 A. I've seen literature both internal to Ethicon Q. Do you know the antioxidants that are added to 6 turn pure polypropylene into Prolene? 6 and peer-reviewed literature that shows degradation of 7 7 A. Yes. There's several additives that are put in Prolene biomaterials after certain times of implantation 8 8 there. I've actually got a document here that lists the in the body, but I haven't tested it with my own hands. 9 amounts of all of them, but there's Santonox, the 9 Q. And, Doctor, do you know the step in the primary antioxidant, there's calcium stearate, a 10 manufacturing process where these antioxidants are 10 11 added? 11 processing aid, and there's a secondary antioxidant. I 12 forget the name. It's a long, complicated name. You 12 A. Yes. It's during the extrusion process. These probably wouldn't want to type it. 13 pellets basically are produced by that process. 13 14 Q. Dilauryl thiodipropionate? 14 Q. It's your testimony under oath that the pellets 15 A. That's it. That's it. 15 are produced during the extrusion process? 16 Q. Doctor, do you know the concentration levels of 16 A. Well, the polypropylene comes out of the 17 these antioxidants? 17 reactor, and as I understand it, they then are introducing the antioxidant into the material by a 18 A. Again, I would have to --19 mixing process, basically. 19 Q. Excuse me -- that are -- do you know the concentration levels of these antioxidants that are 20 Q. So my question is: At what stage of the 20 21 added to make polypropylene Prolene? 21 manufacturing process are the antioxidants added? 22 A. I could go and review it, but I can't off the 22 A. It's put in before the fibers are actually top of my head remember the exact amount. 23 23 spun. It's in there in the polypropylene. 24 Q. Doctor, have you ever done a TGA analysis to 24 Q. Is it put -- is it put before the fibers are Page 87 Page 89 1 determine what antioxidants Prolene contains? extruded? 2 2 A. I have not performed TGA on Prolene. A. Yes, it's in there before the fibers are 3 Q. And, Doctor, have you ever done any type of TGA 3 extruded. analysis to determine whether or not antioxidants had Q. Doctor, you'll agree that these antioxidants been depleted from Prolene? 5 5 work in a synergistic manner; correct? 6 A. I have not. 6 A. You mean the two that are in? Yeah, it's 7 Q. You did that for Boston Scientific, didn't you? 7 common to use primary and secondary antioxidants. A. Yes. 8 Q. But they work in a synergistic manner? 8 9 9 A. Yes, they do. Q. Why didn't you do it here? 10 A. Because I didn't have the explants. 10 Q. Okay. And, Doctor, do you know the rate at 11 Q. That could have been -- you could have done which antioxidants from Prolene are depleted? 11 that by other means; correct? 12 A. Based on the literature that shows the 12 13 13 A. One could use an oxidation induction test. oxidation of the material, you can certainly tell when 14 That's an alternate way. 14 depletion has occurred, because that's when you start to 15 Q. And that's something that you had available to 15 see signs of oxidative degradation. your lab at Tennessee? 16 Q. Right, but I'm talking about, Doctor, the rate 16 17 A. We did, yeah. We could have done that. that antioxidants of Prolene are depleted. 17 18 Q. And that's something you didn't do in this 18 A. Under what conditions? case; correct? 19 19 O. In vivo. A. We didn't. 20 A. The exact rate, some actual study of what's 20 21 Q. Doctor, you've never tested the effect of 21 happening to the concentration over time, I'm not aware 22 antioxidants -- strike that. 22 of. 23 Q. And, Doctor, you're not aware of any 23 You've never tested the effect antioxidants peer-reviewed literature that shows the rate the have in vivo in Ethicon's Prolene, have you?

23 (Pages 86 to 89)

Page 90 Page 92 1 A. I believe it would, yes. antioxidants are depleted, are you, in Prolene? 1 A. The direct measure of the depletion at the 2 2 Q. And, in fact, formalin is a good solvent; 3 surface, which is where the antioxidant does its work, 3 correct? 4 I'm not aware of that exact data, that's correct. A. Yes. 5 Q. And, Doctor, you've never done any -- you've 5 Q. Doctor, do you have any evidence that these 28 6 never done any time studies to determine the rate at plaintiffs had a loss of antioxidants in their mesh? 7 7 Any data to confirm that their explants lost which the antioxidants of Prolene are depleted, have 8 antioxidants? 8 you? 9 A. We have not tested Prolene for that. 9 A. When you put a material inside the human body, 10 you get the foreign body response, and that generates Q. Doctor, I didn't see anything in your report 10 strong oxidizing agents, and those oxidizing agents use 11 about leaching, or did I miss it? 11 A. I did not have anything in there about 12 up the antioxidant. The antioxidant's put in there to 12 13 leaching. 13 preferentially react with oxidizing species and with 14 Q. Okay. And if you don't have anything in your 14 free radicals. report, is it fair for me to assume that you have no 15 15 Q. Doctor, can you tell us how any of these 28 opinions regarding leaching of antioxidants; correct? 16 plaintiffs' antioxidants -- strike that. 16 17 A. Well, certainly antioxidants can be leached out 17 Can you tell us how any -- strike that. of a material. 18 Can you tell us the rate at which the 18 19 antioxidants of any of these 28 plaintiffs were 19 Q. But my question is, sir: Are you testifying to 20 a reasonable degree of scientific certainty in this 20 depleted? litigation on whether or not the antioxidants can leach 21 A. The exact rate, no. 21 22 out of Prolene? 22 MR. HUTCHINSON: Can we take a quick break? 23 23 A. Antioxidants on the surface can leach out. MR. MONSOUR: Yes. 24 24 (Recess from 10:20 a.m. until 10:35 a.m.) Q. And is that included in your -- is that opinion Page 91 Page 93 included in your report? 1 MR. HUTCHINSON: Back on the record. 2 A. No, but we talk about how the antioxidants are 2 BY MR. HUTCHINSON: 3 depleted over time. 3 Q. Doctor, is there anything about the testimony 4 Q. Why are none of your leaching -- strike that. 4 you've given me you'd like to change? 5 5 Why are none of your opinions regarding A. No. 6 leaching included in your expert report? 6 Q. Let's look at the expert report, Exhibit 3. 7 A. I think leaching is a relatively minor cause of 7 A. Okay. depletion as opposed to the antioxidants simply being 8 8 Q. Page 2. Middle paragraph. It states you have 9 used up doing their job. 9 developed new biomaterials? 10 Q. Doctor, my question is: Why did you not 10 A. Yes. 11 include any opinions regarding leaching in your expert Q. Are they sold to anyone right now, sir? 11 A. No. We've got a patent on a new orthopedic 12 report? 12 13 A. I don't think they're really relevant here. 13 bone cement. 14 The oxidizing agents inside the body react with the 14 Q. Do they have a lifetime warranty? 15 antioxidants on the surface of the fiber, and that's the A. Well, as I say, we haven't actually made the 15 primary cause for depletion of the antioxidants, and 16 16 product, but -then the subsequent oxidative degradation process. 17 17 Q. You haven't made the product? 18 Q. As a polymer scientist, you're familiar with 18 A. We haven't made the commercial product. formalin; correct? 19 19 Q. Okay. Well, but will this commercial product 20 A. Yes. 20 have a lifetime warranty? 21 Q. And you know that formalin extracts Santonox R; A. I don't know. 21 22 correct? 22 Q. Will it have any warranty at all? 23 23 A. I don't know. A. Yes. 24 Q. And you know formalin extracts DLTDP; correct? 24 Q. And it's a biomaterial product?

24 (Pages 90 to 93)

Page 96 Page 94 oxidize? What do you mean by "foreign body material"? 1 A. It's a biomaterial. 2 Q. And what's it used for? Do you mean something that's being implanted in the 3 A. It would be used for hip replacement surgeries, 3 human body? 4 4 Q. Yes. knees. 5 Q. And sitting here today, sir, do you have any 5 A. Maybe Teflon. 6 plans to give this hip implant that you're creating a 6 Q. You said "maybe." You don't sound too sure. 7 7 lifetime warranty? A. I'm not sure. The human body is pretty 8 8 A. I have no plans one way or the other. aggressive. 9 Q. You only have one patent; correct? 9 Q. Yeah. And, in fact, Doctor, sitting here 10 10 today, can you tell us the name of one medical product Q. I'm looking at the top of page 3. It says "a 11 commercially available that will never oxidize in the 11 patent," which I think is singular. How many patents do human body? 12 12 13 you have? 13 A. No. 14 A. There's a list in here. If you go to my CV, 14 Q. Doctor, turning to page 5, at the top, you it's after the publications. There's a list of patents. 15 state: "This report focuses on" -- do you see that? 15 16 There's several issued patents there and there's a total 16 A. Yes. 17 17 of 17 things listed in various stages. It's right after Q. -- "degradation of polypropylene by 18 the publications but before the presentations start. 18 thermo-oxidative processes." What do you mean by "thermo"? 19 MR. MONSOUR: Maybe next time we ought to 19 20 number at the bottom to make it easier. This is 20 A. Combination of heat combined with oxygen. 21 21 Q. And are you talking about a process of heat pretty long. 22 THE WITNESS: That would make it easier. 22 initiated in the body? 23 BY MR. HUTCHINSON: 23 A. No, it's degradation of polypropylene by 24 24 thermo-oxidative processes and in vivo. So they're two Q. Doctor, none of those patents have anything to Page 95 Page 97 1 do with pelvic mesh; correct? separate things. 2 2 Q. Doctor, you're not telling the ladies and A. Correct. 3 Q. And, Doctor, looking at the top of page 3, it 3 gentlemen of the jury that Prolene oxidizes via thermal says: "My work." Are you there with me? means; correct? 5 5 A. Yes. A. Well, polypropylene is susceptible to thermal 6 6 oxidative degradation. You heat Prolene up in the Q. "My work in this area includes development of 7 novel bone cements, dental biomaterials, tissue 7 presence of oxygen and it will degrade. 8 Q. Right. But, Doctor, are you offering any engineering, drug delivery systems, surgical sealants, 9 and polypropylene pelvic mesh." 9 opinions on Prolene oxidizing in the human body as a 10 Did I read that correctly? 10 result of high temperatures? A. Yes. 11 A. Not high temperature. In the body, it's 11 Q. And, Doctor, what development of polypropylene 12 obviously at body temperature, 37 degrees. 12 13 pelvic mesh have you done? Q. And, Doctor, have you proven using the 13 14 A. Well, actually, I was referring to the study 14 scientific method that Prolene oxidizes in the body at 15 that we did on the materials. 15 37 degrees C? 16 Q. Okay. So you've never developed polypropylene 16 A. We've proven that polypropylene oxidizes inside pelvic mesh, have you, sir? the body at 37 degrees C. 17 17 18 A. No, not actually developed it. 18 Q. I understand. Q. Is that a little misleading? 19 A. And Ethicon's own scientists have shown that 19 20 A. Yeah, I probably was a little clumsy in terms 20 polypropylene oxidizes in vivo. 21 of how I phrased it. 21 Q. My question to you, Doctor, is: Have you 22 Q. Doctor, are you aware of any foreign body 22 personally proven using the scientific method that material that will never oxidize? 23 23 Prolene oxidizes in vivo at 37 degrees C?

25 (Pages 94 to 97)

A. I have not done the experiment with

24

24

A. Any foreign body material which will never

1

5

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polypropylene, but as I say, the Ethicon people have,

and others have looked at degradation of Prolene

- 3 implants inside the body.
- 4 Q. Doctor, turning to page 5, under summary of opinions, No. 1, it discusses the chain scission and 5
- diminished mechanical properties, reduced compliance and
- 7 brittleness. Do you see that?
- 8 A. Yes.
- 9 Q. And as a polymer scientist, you know what solid
- 10 scientific data is, don't you?
- A. Yes. 11
- Q. In fact, you use that in your practice? 12
- 13
- 14 Q. And using good scientific, solid data is good
- 15 science; right?
- A. Yes. 16
- 17 Q. And, Doctor, are you aware of any solid
- 18 scientific data that shows where Prolene has diminished
- physical properties? 19
- 20 A. Yes.

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13 14

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21 Q. What?

Prolene.

22 A. It would be the papers of Costello.

diminished physical properties?

23 Q. Anyone else?

from Ethicon?

24 A. Those are the primary ones that have looked at

Q. Right. But, Doctor, I'm asking you for solid

scientific data. Other than Costello, are you aware of

A. There's also data in Ethicon's own studies

of its initial strength after oxidative degradation.

A. I'd have to look at it. There's a couple of

Q. But when we're talking about the suture

you'll agree that in that study only one explanted fiber

retained only 54 percent of its original strength,

1983 documents, but that sounds about right.

where in one instance material retained only 54 percent

Q. Doctor, you're talking about the 1983 document

any solid scientific data that shows Prolene has

Page 100

Page 101

- A. I am in that document, yes.
- 2 Q. And, Doctor, you'll agree that only one 3 explanted fiber was tested, would you not?
- 4 A. It was 5-0 Prolene from Specimen 2.
  - Q. But one explanted fiber was tested; correct?
- 6 A. They performed tests on one explanted fiber,
- 7 but there's no indication of how many times that might 8
  - have been tested.
- 9 Q. And, Doctor, as a scientist, would you ever rely on one data point in drawing conclusions for a 10
- 11 paper that you'd present to the American Chemical
- 12 Society?
- 13 A. Well, my point is, they may have actually
- 14 tested that sample multiple times.
- 15 Q. But my question to you, Doctor, and listen
- closely to my question: Would you ever rely, as a 16
- 17 scientist, on one data point in drawing a conclusion for
  - a paper that you'd present to the American Chemical
- 19 Society?
- 20 A. I would rely on one data point, but I would
- 21 want more data, and what they show in this paper is
- 22 there's evidence of other fibers cracking.
- 23 Q. And, Doctor, did you rule out that the fiber
- 24 had been damaged by a scalpel? Did you rule that out?

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1

- A. You would think that they would not test
- material that had been damaged by a scalpel.
- 3 Q. How did you rule that out?
- 4 A. I don't have the fiber to examine.
- 5 Q. And you didn't rule that out that the fiber had
- 6 been damaged by a scalpel, had you?
- 7 A. Well, I trust that Ethicon hires good
- scientists who would be careful. 8
- 9 Q. Did you rule out the fact that Ethicon's fiber
- 10 was damaged by a scalpel?
- 11 A. I have no evidence that it was.
- 12 Q. If you look at -- going back to your report, on
- page 5, where we discussed chain scission, chain 13
- 14 scission produces carbonyl bands; correct?
- 15 A. Chain scission in polypropylene accompanies the
- formation of carbonyl bands. It's not that chain 16
- scission produces it, but --17
- 18 Q. And chain scission in Prolene accompanies the
- 19 formulation of carbonyl bands; correct?
- 20
- 21 Q. In fact, Doctor, a carbonyl band from oxidation
- 22 is one of the most intensely absorbing functional groups
- on FTIR; correct? 23
- 24 A. Yes, it's one that's easy to see.

was tested? 16

- 17 A. I'd have to look at that study to say. 18 Q. Okay. Do you have that study with you?
- A. I believe I do. 19
- What was the number on that one? I'd have to 20
- go back to my report and track it down that way. 21
- Q. ETH.MESH.15955438? 22 A. Okay. 23
- 24 Q. Are you there with me, Doctor?

26 (Pages 98 to 101)

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Q. You can't miss it if there's oxidation; is that right?

- 3 A. If there's oxidation, you'll see it, yes.
- 4 Q. And, in fact, it's a strong and tall peak on 5 the FTIR spectra; correct?
- 6 A. Yes.
- Q. And do you know where oxidized -- strike that.
   Do you know where on the reciprocal centimeter
- 9 range there would be a peak for oxidized Prolene?
  - A. Yeah, there's several different oxidized
- species, but you see them, in general, around 1750,
- 12 roughly.

10

- Q. And, Doctor, have you ever seen any literature
- 14 that confirms there's a peak at 1740 reciprocal
- 5 centimeters for oxidized Prolene?
- 16 A. Yes.
- Q. And what paper is that?
- A. Well, it's certainly there in the documents of
- 19 Ethicon, but I believe it's there also in the Costello
- 20 paper.
- 21 Q. Are you aware of any other peer-reviewed
- 22 literature other than Costello that confirms there's a
- peak at 1750 reciprocal centimeters for oxidized
- 24 Prolene?

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- A. For oxidized Prolene, I think that's the one.
- Q. Costello is the one you're relying on?
- 3 A. Yeah. There's actually two Costello papers,
- 4 yeah.

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- 5 Q. Doctor, have you ever seen carbonyl bands from
- 6 Prolene after it was implanted in vivo?
- 7 A. Well, as we just said, I've seen evidence
- 8 gathered by Ethicon scientists and also from Costello.
- 9 Q. But outside of the documents that you've
- 10 reviewed, the internal documents and peer-reviewed
- 11 literature, Doctor, have you ever seen an FTIR spectra
- 12 that has a carbonyl band at or around 1750 for oxidized
- 13 Prolene?
- 14 A. You mean with my -- something we generated in
- 15 the lab?
- 16 Q. Yes, sir.
- 17 A. No.
- Q. With your own eyes.
- 19 A. No, we have not.
- 20 Q. And, Doctor, have you ever done an FTIR spectra
- 21 for Prolene?
- A. For polypropylene, yes. For Prolene, no.
- Q. Doctor, you had the equipment at your lab at UT
- 24 to do an FTIR spectra on Prolene, didn't you?

1 A. Yes.

Q. In fact, that was something easy for you to do;

- 3 correct?
- 4 A. It is easy, yes.
  - Q. In fact, that's something you could have done;
- 6 correct?

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- 7 A. Yes.
  - Q. Are you an expert in FTIR?
- 9 A. I would say I'm quite experienced with it. We
- 10 use it routinely to characterize polymers that we've 11 made.
- Q. But do you hold yourself as an expert in FTIR?
  - A. Well, I'm not a person who's specialized in
- 14 spectroscopy my whole career, but we use it as a tool
- 15 routinely.
- Q. Doctor, do you tell the students you teach at
- 17 UT that you're an expert in FTIR analysis?
  - A. I wouldn't classify myself as an expert.
- 19 There's certainly people that practice it day in and day
- 20 out that know more about it than I do.
- 21 Q. And, Doctor, do you know -- well, by the way,
- 22 FTIR is a way to confirm oxidation?
- 23 A. Yes.
- Q. And do you know where on an FTIR spectra a

Page 105

Page 104

- 1 functional group for DLTDP shows up?
- A. There's one that comes in about 1740, in that
- 3 general vicinity, as well.
- 4 Q. Doctor, looking on page 5 of your report, it
- 5 says, No. 2: "The addition of antioxidants to the
- 6 Prolene polypropylene does not permanently prevent mesh
- 7 degradation."
- 8 Do you see that?
  - A. Yes.

9

- 10 Q. Doctor, have you proven that using the
- 11 scientific method?
- 12 A. Well, polypropylene routinely contains
- 13 antioxidants.
- Q. But I'm talking about Prolene. Have you
- 15 proven, Doctor, that the addition of antioxidants to
- 16 Prolene does not permanently prevent mesh degradation,
- 17 by the scientific method?
- 18 A. It's there in the published peer-reviewed
- 19 literature and also in the Ethicon documents. As I keep
- 20 saying, we have not done the experiments on Prolene.
  - Q. Doctor, what's the longest time that you're
- 22 aware of where Prolene material has been used in the
- 23 body?

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A. There were some seven-year studies I saw from

27 (Pages 102 to 105)

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Page 106

- Ethicon. 1
- 2 Q. I'm talking about used in the body in a 3 clinical sense.
- 4 A. I'd have to go back to some of the papers to 5 see, really, what the longest time was, but periods of 6 years.
- 7 Q. Doctor, look at page 11 for me, please. Down at the middle, you have a sentence regarding -- that 8 9 starts with "macrophages." Do you see that?
- 10 A. Yes.
- 11 Q. Doctor, do you know what amount of peroxides are secreted in the body? 12
- 13 A. I don't know the exact amount.
- 14 Q. Do you know the amount of acids that are
- 15 secreted in the body?
- 16 A. Exact amounts, no.
- 17 Q. What about the amount of enzymes?
- 18 A. Exact amounts, no.
- Q. Doctor, have you ever studied the amount of 19
- peroxides, acids, or enzymes that are secreted in the 20
- 21 body?

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- A. I have not. 22
- 23 Q. Can you quantify the concentration of reactive
- 24 oxygen species produced by microphages?

Page 107

- A. It might be available in the literature if I would go and look for it. I suspect it is.
- 3 Q. Can you quantify it, Doctor?
- 4 A. As I sit here, no.
- 5 Q. Have you ever looked for any type of
- quantification of reactive oxygen species produced by 6
- 7 macrophages?
- 8 A. I have not tried to quantify it, no.
  - Q. Doctor, are you aware, sitting here today, of
- 10 any peer-reviewed literature where that's been
- quantified? 11
- A. I am not, as I sit here, but it may very well 12
- 13 be there. I suspect it is.
- 14 Q. And when we talk about the concentration of
- 15 reactive oxygen species produced by macrophages, you'd
- be guessing at the amount of how much is produced by the 16
- body; correct? 17
- 18 A. As I've said, I don't know the exact amount.
- 19 Q. Okay. Do you have -- do you have any idea?
- 20 A. I can't give you a hard number, no.
- 21 Q. Can you give me a best guess?
- 22 A. I'm not here to guess.
- 23 Q. Doctor, have you ever exposed Prolene to what
- 24 you would consider an appropriate amount of peroxides,

- acids, or enzymes to determine if it oxidizes? 1
- 2 A. I have not.
  - Q. Doctor, the amount of reactive oxygen species
- 4 in the body, how does that compare to 30 percent
- hydrogen peroxide?
- A. I'm not sure.
- 7 Q. Certainly, Doctor, you would expect that the
  - amount of reactive oxygen species in the body is going
- 9 to be much lower than 30 percent hydrogen peroxide,
- 10 wouldn't you?
- A. 30 percent hydrogen peroxide is a pretty high 11
- 12 concentration.
- 13 Q. And that's a high enough concentration that you
- 14 would expect something to happen to a material; correct?
  - A. It depends on the material and the conditions
- 16 under which it's exposed. If you look inside the human
- 17 body, you have not only hydrogen peroxide being
- generated by this foreign body reaction, but you also
- have oxidative enzymes. So catalysts can accelerate the 19
- 20 process even if the concentration of the peroxide is
- 21 lower. And there are also other highly reactive
- 22 species, like hypochlorous acid, that are generated by
- 23 this process.
- 24 Q. And, Doctor, do you have any idea how much

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Page 109

Page 108

- hypochlorous acid is found in the body in vivo?
  - A. I can't quantify it.
- 3 Q. And, Doctor, are you aware of any literature
- 4 whatsoever that quantifies the amount of hypochlorous
- 5 acid in the body?
- 6 A. As I sit here, I'm not sure of it, but I might
- 7 be able to quantify it.
- 8 Q. Have you ever looked for any literature,
- 9 Doctor, before today's deposition, that quantifies the
- 10 amount of hypochlorous acid found in the body?
- 11
  - A. I have not set out to try to quantify it.
- Q. And have you ever looked in the literature to 12
- 13 determine how much hydrogen peroxide is found in the
- 14 body, the concentration level?
- 15 A. Again, as I've already said, I haven't tried to
- 16 quantify it.
- 17 Q. Thank you. And, Doctor, these reactive oxygen
- 18 species that you're discussing on page 11 of your
- 19 report, are those stronger than nitric acid?
- 20 A. Certainly under the conditions where there are
- 21 these enzymes present, these oxidative enzymes, they can
- 22 be very potent.
- 23 Q. Doctor, do you have any opinion regarding how
- 24 much hydrogen peroxide would cause Prolene to oxidize?

28 (Pages 106 to 109)

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Page 110

- A. Inside the body, or without? 1
- Q. Inside the body. 2
- 3 A. I'm not sure what the minimum level is.
- 4 Q. Do you have any opinion regarding how much
- hydrogen peroxide would cause Prolene to oxidize outside
- 6 the body?
- 7 A. Well, I could go to the study that the Ethicon
- 8 scientists carried out.
- 9 Q. Before we do that, do you have an opinion?
- 10 A. Could you be more specific?
- Q. Well, do you have an opinion about how much 11
- hydrogen peroxide it takes to oxidize Prolene outside 12
- 13 the body?
- 14 A. It depends on the exact conditions. 30 percent
- hydrogen peroxide, under the conditions Ethicon used, 15
- 16 wasn't enough.
- 17 Q. It was not enough?
- 18 A. Over the time period that they carried out the
- 19 experiment.
- 20 Q. And you're talking about the November 5, 1984,
- 21 memo?
- 22 A. Yes, I think so.
- 23 (Mays Exhibit No. 4 was marked for
- identification.)

the laboratory, but it's hydrogen peroxide and other

oxidizing agents generated in vivo where there's also 2 3

oxidative enzymes present.

In fact, if we continue on page 3 to the next paragraph in this same article, it says: "Infrared spectroscopic examination of Prolene explants, however,

7 do show the presence of oxidative end products. While

8 the combination of a proportionally small but severely

9 oxidized surface and" --

- Q. Doctor, I'm not going to --
- 11 MR. MONSOUR: Let him finish.
- 12 A. -- yeah -- "a small but severely oxidized
- 13 surface and an unaffected core has not been duplicated
- 14 in laboratory oxidation studies, the possibility of a
- highly specific in vivo oxidation process remains. The 15
- 16 kinetic features of such a process may deviate from
- 17 conventional oxidation and would be difficult to predict
- or duplicate in an artificial environment." 18
- Q. Doctor, my question to you is: Is hydrogen 19
- 20 peroxide in a lab different than hydrogen peroxide in
- 21 the body?

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- A. Yes, because inside the body it's not just
- 23 hydrogen peroxide.
- 24 Q. I understand that, but --

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Page 113

Page 112

- BY MR. HUTCHINSON:
- 2 Q. We'll mark it as Exhibit 4. This is a document
- 3 that you received before you rendered your opinions; is
- that right?
- 5 A. Yes.
- 6 Q. And, in fact, you relied upon this document in
- 7 reaching your opinions, didn't you, sir?
- 8 A. Yes.
- 9 Q. And there at the top, on page 3, it states:
- 10 "Prolene sutures in 30 percent hydrogen peroxide
- solution after a year's time at room temperature do not 11
- produce visible surface cracking on any of the fibers." 12
- Did I read that correctly? 13
- 14 A. Yes.
- 15 Q. And, in fact, Doctor, this shows that Prolene
- is exposed to 30 percent hydrogen peroxide for a year 16
- 17 and didn't produce visible surface cracks; is that
- 18 right?
- 19 A. That's what it says.
- 20 Q. Sir, how do you account for the fact -- strike
- 21 that.
- 22 How do you account for that in reaching your
- 23 conclusion that hydrogen peroxide oxidizes Prolene?
- 24 A. As I said before, it's not hydrogen peroxide in

- A. It's other things.
- 2 Q. Let's focus on hydrogen peroxide first.
- 3 A. Yes, sir.
  - Q. Hydrogen peroxide is hydrogen peroxide is
- 5 hydrogen peroxide, regardless of the environment;
- б correct?
- 7 A. H2O2, yes.
- 8 Q. Thank you. Doctor, can you explain why the
- 9 30 percent hydrogen peroxide ate away the cap of the
- vial? 10
- 11 A. It was a material that was more susceptible to
- 12 degradation.
- Q. And, Doctor, the cap of the vial was Bakelite; 13
- 14 correct? Top paragraph.
- 15 A. Yes.
- 16 Q. And, Doctor, do you know what Bakelite --17 strike that.
- 18 Do you know what a Bakelite cap is made of?
- A. I think it's some sort of phenolic resin, is it 19 20 not?
- 21 Q. And, Doctor, can you explain why the hydrogen

peroxide solution ate away the cap of the vial but did

- 23 not produce visible cracks in the Prolene?
  - A. Because it's chemically different and it's a

29 (Pages 110 to 113)

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Page 114

- 1 material that's even more susceptible to oxidative
- 2 degradation by hydrogen peroxide than is the Prolene.
- Q. And, Doctor, let's look at page 11.
- 4 MR. MONSOUR: Of the report or of the document?
- 5 MR. HUTCHINSON: I'm sorry. Of the report. My
- 6 bad.

10

- 7 Q. You write in the third paragraph: "Degradation
- 8 starts at the surface of the implant where it's in
- 9 contact with its surroundings."
  - Do you see that?
- 11 A. Where are we now?
- Q. Page 11. Third paragraph. Or, actually, it's
- 13 the first paragraph under "effect of polypropylene
- 14 degradation."
- 15 A. I see it, uh-huh.
- Q. And, Doctor, you write: "Degradation starts at
- 17 the surface of the implant."
- Do you see that?
- 19 A. Yes.
- Q. And if this occurs with Prolene, you would
- 21 expect to see a reduction in physical properties?
- A. Yes, once the degradation proceeds to some
- 23 level, you would see a change in the physical properties
- 24 of the material.

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- Q. Okay. And you'd never expect to see an
- 2 increase in physical properties with degradation?
- 3 A. Certain properties could be improved with
- 4 oxidation.
- 5 Q. What properties -- what physical properties
- 6 would be improved with oxidative degradation occurring
- 7 in the body?
- 8 A. It might improve solvent resistance. It might
- 9 improve something else. I just hate to say never.
- Q. I understand that, but my question to you is,
- 11 Doctor: Would you ever expect to see an increase in
- 12 physical properties if a material is degraded
- 13 oxidatively in vivo?
- 14 A. For example, with Prolene, you see an
- 15 improvement in modulus. If you're looking for
- 16 stiffness, you can stiffen the material by an oxidative
- 17 degradation process.
- Q. Doctor, let's look on page 13 of your report.
- 19 At the very bottom, it states -- well, at the bottom of
- 20 page 13, you discuss Santonox R and DLTDP. Do you see
- 21 that?
- 22 A. Yes, I do.
- Q. And at the bottom of 13, you say: "Neither of
  - 4 these antioxidants," i.e., Santonox R or DLTDP," is

- 1 designed to protect Prolene from attack."
- 2 Do you see that?
  - A. I do.
- Q. And, Doctor, if that's true, how do you account for the fact that Prolene sutures have been used since
- 6 the 1960s?
- A. Well, they can be used and they can have some degradation, but as we said earlier, the suture, it just
- 9 has to hold a wound closed and the wound heals around it
- 0 and it's basically done its job. It can have cracking
- 11 in it, and it can stiffen, and that's okay.
- That's different from a pelvic mesh where the
- 13 mesh has to be flexible to move with the soft tissue.
- 14 Q. The attack that you reference is by reactive
- 15 oxygen species; correct?
- 16 A. Yes.
- 17 Q. And reactive oxygen species, they possess a
- 18 free radical?
- 19 A. They generate radicals, yes.
- Q. And -- well, but they possess a free radical,
- 21 don't they, sir?
- A. Well, if you consider hydrogen peroxide to be a
- 23 reactive oxygen species, it's H2O2, it does not have a
- radical in there, but if you heat it up or expose it to

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Page 116

- appropriate conditions, then it can form free radicals.
- Q. Well, a reactive oxygen species has a nonbonded
- 3 electron that wants to bond to something, doesn't it?
  - A. Well, you could consider it to be a reactive
- 5 oxygen species, even that H2O2, in its molecular form.
- 6 It's still a reactive oxygen-containing species.
- 7 Q. Right, but a free radical is not bonded, is it,
- 8 sir?

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- 9 A. A free radical has an unpaired electron, that's
- 10 right.
- Q. Okay. And an unpaired electron means that it's
- 12 not bonded; correct?
- 13 A. That's right.
- Q. Okay. And a free radical is a free radical is
- 15 a free radical, regardless of the origin?
- 16 A. Well, there are all sorts of different free
- 17 radicals with all different sorts of reactivity or
- 18 stability, depending on how you want to look at it.
- 19 They're not all the same.
- Q. Is there any difference between a free radical
- 21 formed in the body and one that's formed in the
- 22 extrusion or heating process?
- A. There may well be different things that are
- 24 formed.

30 (Pages 114 to 117)

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Page 118

- 1 Q. Santonox R and DLTDP are free radical 2 scavengers, aren't they?
- 3 A. Actually, Santonox preferentially reacts with 4 the oxygen-containing species, but the -- what's it 5 called? --
- 6 Q. DLTDP?
- 7 A. -- that guy is a free radical scavenger.
- 8 Q. Okay. And it's your testimony that Santonox R
- 9 is not a free radical scavenger?
- A. Well, it primarily works by reacting with the 10 11 oxygen itself.
- 12 Q. But is it a free radical scavenger, sir?
- 13 A. At some level, yes.
- 14 Q. Thank you. And, in fact, that's their job is
- to remove free radicals that want to bond? 15
- 16 A. That's certainly part of their job, yes.
- 17 Q. And, at a minimum, you'll agree that Santonox R
- 18 and DLTDP are designed to retard the formation of free
- 19 radicals?
- 20 A. Yes.
- 21 Q. Okay. And, Doctor, do you have a solution for
- 22 what types of antioxidants should be used to prevent
- oxidation in the pelvic floor region?
- 24 A. I simply don't think that there's adequate Page 119

Page 121

- antioxidants out there to render polypropylene
- permanently stable to oxidative effects inside the body. 2
- 3 Q. And, Doctor, do you have an alternative to
- DLTDP or Santonox R to prevent oxidizing degradation?
- 5 A. I don't think there's an antioxidant package
- б out that that will do it, as I just said. You can try
- 7 to add more, but the antioxidants themselves have
- toxicity issues. 8
- 9 Q. And, Doctor, you have no opinion on the
- 10 concentration levels of Santonox R or DLTDP, do you?
- 11 A. Well, in general, if you're trying to prevent
- the oxidative degradation, more is better, but the human 12
- body, the fact that it's to be used inside the body and 13
- 14 the fact that the Santonox and the DLTDP come with MSDS
- 15 sheets that have cautions regarding their use in the
- body, might cause one not to put as much as possible in 16
- 17 there.
- 18 Q. Do you have an opinion, sir, on whether or not
- Ethicon's Prolene material has too much or too little 19
- 20 Santonox R and DLTDP as far as concentration levels are
- 21 concerned?
- 22 A. Too much or too little for what?
- 23 Q. To prevent oxidation.
- 24 A. There's not enough in there to prevent

- oxidative degradation inside the body for the lifetime
- of an implant. 2
- 3 Q. Okay. And how much antioxidants should be put

Page 120

- 4 in there to prevent lifetime degradation of an implant?
  - A. There would have to be more.
- 6 Q. Can you tell us that concentration level?
- 7 A. I cannot tell you the exact concentration
  - level. One would have to do experiments.
- 9 Q. And you've not done any of those experiments; 10 correct?
- 11 A. No. and I don't think Ethicon has either.
- 12 Q. And if you'd look at page 14 of your report,
- 13 you cite Liebert?
- 14 A. Yes.
  - Q. I presume you'd consider Liebert authoritative?
- 16 A. Yes.
- 17 Q. And you'll agree that there was no loss of
  - molecular weight with the fiber that Liebert studied
- 19 that had antioxidants in it?
- 20 A. Not under the conditions that they carried out 21 the study.
- 22 Q. Thank you. And, Doctor, you will also agree
- 23 that the fiber with antioxidants showed no changes in
- 24 molecular weight?

A. They did observe changes in molecular weight.

- 2 Q. Of the fiber with antioxidants?
- 3 A. But that was for a fiber without antioxidants 4 in there.
- 5 Q. But for the fiber with antioxidants, there was 6 no change in molecular weight; correct?
  - A. They did not detect any, that's correct.
- 8 Q. Right. And, in fact, sir, the fiber with
  - antioxidants showed no lowering of the glass transition
- 10 temperature, did it?
  - A. I would have to go back and look at that.
- 12 Q. Liebert didn't do any cleaning of the fibers, 13 did he?
- 14 A. I don't recall that Liebert did cleaning.
- 15 Again, I'd have to look at the paper.
  - Q. Sir, do you know if Liebert even used Prolene?
- A. As I recall, Liebert was using a Pro-fax 17
- 18 polypropylene, and I know Pro-fax pretty well, because
- 19 that was a Hercules polypropylene.
- Q. But, Doctor, you can't testify under oath that 20
- 21 Liebert used a Prolene product, can you?
- 22 A. No.
- 23 Q. Turning to page 15, Jongebloed, we've talked about that; right?

31 (Pages 118 to 121)

Page 122 Page 124 A. Yes. 1 A. Can we look in there? 1 2 Q. Doctor, that's -- it was a suture implanted in 2 Q. Absolutely. 3 the eye for six and a half years? A. They did carry out a cleaning study. 4 4 A. Yes, the first study was. Q. My question is, sir: The FTIR analysis in Mary 5 Q. And you'll agree that UV light causes 5 did not show a peak at 1740 reciprocal centimeters for 6 degradation? 6 the DLTDP wavelength; correct? 7 7 A. They measured the absorbance at 1740. A. UV light can cause degradation, yes. 8 Q. Doctor, do you believe that there were hydrogen 8 Q. Yes, sir, but did they recognize that 9 peroxides in the eye that caused degradation of the 9 wavelength for DLTDP, is my question? sutures? A. They did not, but they had cleaned the sample, 10 10 11 and that would remove surface antioxidants. Plus, the 11 A. There certainly could have been, yes. Q. And you'll agree that the eye is full of 12 sutures had been in the body for two years, which would 12 proteins, wouldn't you? also deplete antioxidants present at the surface. 13 13 14 A. There's proteins in the eye. 14 Q. The authors in Mary didn't compare the Q. In fact, that's what builds up on contacts? elongation of Prolene to PVDF, did they? 15 15 16 A. Yes. 16 A. Compare the elongation of the Prolene and the 17 17 PVDF? Q. That's what you've seen in your work? 18 18 Q. That's correct. Q. The authors didn't do any SEM or FTIR analyses, 19 19 A. PVDF? I don't see the comparison. did they? 20 Q. Doctor, on page 20 of your expert report, 20 21 A. They did SEM analysis. 21 there's an SEM photograph? 22 Q. But they didn't do any FTIR, did they? 22 A. Yes. 23 A. Again, we could go back and look at the paper. 23 Q. That's not a -- that's not a Prolene product, 24 I don't recall any. 24 is it? Top of page 20. Page 125 Page 123 Q. Okay. Let's look at -- continuing on page 15, 1 1 A. Let me see. That's from Lefranc, and that's at the bottom, you cite the Mary article? 2 actually from Clave's study, so Clave obtained the 3 A. Yes. 3 polypropylene vaginal meshes from a variety of 4 Q. And we've talked about Mary already; is that 4 manufacturers, and so it could be, but it may not be. 5 right? 5 Q. You can't testify to a reasonable degree of 6 A. Yes. 6 scientific certainty that the photograph on the top of 7 Q. And, Doctor, you'll agree that the authors in 7 page 20 is a Prolene product, can you? Mary did not recognize 1740 as a wavelength for DLTDP? 8 8 A. No. I can't. 9 A. I don't know that, but I have no evidence that 9 Q. And, Doctor, on page 21 of your expert report, 10 they explicitly pointed that out. 10 you discuss plasticization? Q. Well, did the study -- did the Mary study, sir, 11 A. Yes. 11 recognize a 1740 wavelength for DLTDP? 12 12 Q. Do you believe that the Prolene implants on A. I did not see that called out in there. 13 these 28 plaintiffs plasticized in vivo? 13 14 Q. And, in fact, sir, if -- how would you know 14 A. I believe there is the possibility that some 15 that -- first of all, Prolene has DLTDP in it, doesn't plasticization could take place during the process 16 inside the body, along with oxidative degradation. 16 17 A. Yes, it does. 17 Q. And, Doctor, is it your opinion to a reasonable 18 Q. And if the Mary article did not have a 18 degree of scientific certainty that the implants in wavelength at 1740 reciprocal centimeters for DLTDP, how 19 19 these 28 plaintiffs plasticized? in the world do you know it's Prolene that they were 20 20 A. There certainly could have been some 21 looking at? 21 plasticization of those implants. 22 A. I'm not sure I follow you. 22 Q. Is that a yes? 23 Q. Okay. Well, the FTIR analysis in Mary did not 23 A. Yes, I believe it could happen.

32 (Pages 122 to 125)

What effect does plasticization have on the

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show a peak at 1740 reciprocal centimeters?

Page 126 Page 128 oxidizers. Did I read that correctly? physical properties of Prolene? 2 A. That will actually soften the material. 2 A. No, the MSDS sheet states that polypropylene is 3 Q. And it softens it by a small molecule being 3 incompatible with strong oxidizers. 4 Q. Sorry. You said "incompatible"? 4 absorbed into it? 5 5 A. Yeah, polypropylene is incompatible with strong A. That's correct. 6 Q. You've never tested plasticization, have you, 6 oxidizers. 7 7 Q. Do you have that material safety data sheet sir? 8 with you, sir? 8 A. Well, I've actually encountered plasticization 9 in the course of my career, but I haven't tested it 9 A. Yes. 10 Q. That's the Sunoco material safety data sheet; 10 with -is that right? 11 Q. Prolene? 11 12 A. Yes, it's Sunoco. At least I did have it. 12 A. -- directly with Prolene. 13 Q. Thank you. And, Doctor, page 25, in the full 13 There we go. paragraph in the middle, where you discuss the waxy 14 14 Q. And it states that polypropylene is 15 incompatible with strong oxidizers, on page 4? That's scrapings, do you see that? what you wrote in your report; right? 16 A. Yes. 16 17 Q. Now, Bracco, which is one of your references, 17 A. Yeah, on page 4, it says: "The following that shows that cyclohexane extracts nonpolar fatty 18 materials are incompatible with this product." 18 Q. And if you -- I'm sorry --19 19 acids, correct? 20 A. Correct. 20 A. It lists a variety of strong oxidizers. 21 Q. And nonpolar fatty material would be a 21 Q. Right. And, Doctor, if you look at page 5, it contaminant of Prolene, would it not? says: "No epidemiological studies or case reports 22 23 A. It could be a contaminant in there, yes. suggest any serious chronic health hazards from 24 long-term exposure to polypropylene." Q. And the presence of nonpolar fatty material Page 127 Page 129 1 would lower a melting point, would it not, sir? Did I read that correctly? A. It would not lower the melting point. It would 2 2 A. No. Actually, it says: "No epidemiological 3 not get into the crystalline region of the material. It 3 studies or case reports suggest any serious chronic would get into the amorphous material and lower its health hazards from long-term exposure to polypropylene decomposition products below the irritation level." 5 class transition temperature. 5 Q. Doctor, on page 26 of your expert report, you 6 Q. Why didn't you quote that in your report, б 7 discuss a material safety data sheet. Do you see that? 7 Doctor? A. Okay. We're on page 26 now, at the top. Okay. 8 8 A. Well, I very well could have quoted that. 9 Q. Yes, sir. 9 Q. Why did you not quote that, Doctor? 10 A. Yes. 10 A. My report is basically about oxidative Q. And I may have asked you this earlier and I've 11 degradation of polypropylene. 11 forgotten. Have you ever developed or designed a 12 (Mays Exhibit No. 5 was marked for 12 polypropylene product? 13 identification.) 13 14 A. I have synthesized polypropylene. 14 BY MR. HUTCHINSON: 15 Q. And what did the -- when you say "synthesized," 15 Q. I'll hand you what we'll mark as Exhibit 5 to your deposition. This is a copy of peer-reviewed what did you do? 16 16 17 17 literature that you're one of five authors on; is that A. Made it from small molecule precursors by the 18 polymerization process. 18 right? 19 A. Yes. 19 Q. For a medical product? A. Not for a medical product. 20 Q. And, Doctor, before we start this, let me ask 20 21 Q. For what type of product? 21 you this: If you were going to submit an article to 22 A. Research. R & D. 22 your peers at the American Chemical Society about the 23 Q. And, Doctor, you state here at the top of page 23 degradation of polyurethane, you'd want to study a

33 (Pages 126 to 129)

24

polyurethane product; right?

24 26 that the MSDS should not be used with strong

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Page 130

A. Yes. 1

- 2 Q. Okay. None of these products that are
- referenced in the Imel article are Prolene, are they,

4 sir?

- 5 A. These particular polypropylenes are isotactic
- 6 polypropylene of the Marlex variety. Prolene is an

7 isotactic polypropylene.

- Q. But I'm not talking about the chemistry, 8
- 9 Doctor. I'm asking you whether or not your study used
- Prolene products. Yes or no? 10
- A. No, we used polypropylene from Marlex. Marlex 11
- 12 polypropylene.
- 13 Q. In fact, Doctor, your study did not even
- 14 study -- strike that.
- Your study didn't even discuss Prolene 15
- 16 products, did it?
- 17 A. We do mention Ethicon products at several
- points in here. If you look on page 1, the last 18
- paragraph, we're talking about Costello, References 9 19
- and 10. They studied explanted polypropylene hernia 20
- 21 meshes from CR Bard and Ethicon.
- 22 Q. I'm not talking about the literature. I'm
- 23 talking about Prolene products.
- 24 A. As I've already said, the polypropylene samples

Page 131

- that we characterized in this work were explanted Marlex 2 samples.
- 3 Q. Doctor, page 1, under the abstract, it says:
- "SEM revealed the formation of transverse cracking on
- the fibers which generally, but with some exceptions, 5
- 6 increased with implantation time."
  - Do you see that?
- 8 A. Yes.

7

- 9 Q. And, Doctor, it's well-known that proteins
- 10 adhere to biomaterials within seconds; is that right?
- A. Yes. 11
- 12 Q. And, Doctor, what did you do to rule out an
- increased layer of proteins building up over 13
- 14 implantation time?
- 15 A. Yeah. We did a couple of things. We cleaned
- the materials before we performed the FTIR by using a 16
- bleach solution. That's the ASTM protocol for cleaning 17
- 18 up the material.
- 19 Also, that's what was done by Dr. Gajanan, I
- guess, the gentleman who provided the explanted Prolene
- samples to Ethicon scientists that they then studied 21
- 22 with FTIR.
- 23 So we cleaned the materials up to remove the
- tissue, the proteins that were on there.

Also, when we examined the materials under the

Page 132

Page 133

- SEM, we used EDS. EDS is spectroscopy that detects
- whether certain elements are there. So by looking for
- 4 the presence of oxygen, we could see where oxidation had
- taken place on the fiber. If we saw oxygen and 5
- 6 nitrogen, the nitrogen would tell us that we could have
- 7 proteins there.
- 8 Q. Doctor, on page 1, the first sentence under
- 9 "introduction" says: "Polypropylene has been used for
  - hernia repair since 1958."

Do you see that?

- 12 A. Yes, sir.
- 13 Q. How do you reconcile the fact that Prolene mesh
- 14 has been used since 1958 in hernia repair with your
- 15 opinions regarding oxidation?
- A. Well, again, as I've said before, I don't 16
- 17 condemn polypropylene universally as a biomaterial, and
  - that includes Prolene polypropylene. It has uses.

19 This oxidative degradation is occurring for

- 20 polypropylenes inside the human body, but you can have
- 21 some oxidative degradation in a suture or some oxidative
- 22 degradation in a hernia mesh and not have a problem. I
- 23 think a pelvic mesh, because of how the mesh is supposed
- to function inside the body, it's a different material.

1 Q. And, Doctor, on page 132 you cite Lefranc; 2 correct?

- 3 A. I'm sorry. On page --
  - Q. 132.
- 5 A. Yes.

4

14

- 6 Yes, I see that now.
- 7 Q. Lefranc didn't do any testing, did he?
- 8 A. He did not.
- 9 Q. He just recited the literature that was out
- 10 there?
- 11 A. It's a review article, basically.
- 12 Q. And, Doctor, page 134 states that the samples
- 13 were preserved in glass jars of formalin?
  - A. Yes.
- 15 Q. And this is where you're talking about the 11
- explants of Boston Scientific patients? 16
- 17 A. Yes.
- 18 Q. And do you know how long these explants were
- 19 preserved in formalin?
- 20 A. I can't recall as I sit here. I think I did
- 21 see that information at some point.
- 22 Q. And, Doctor, you'll agree that the explants had
- protein on them before they were put in the glass jars 23 of formalin?

34 (Pages 130 to 133)

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Page 134

- 1 A. Yes.
- 2 Q. And, Doctor, did you consider the chemical
- 3 reaction between formalin and protein in its formation 4 of a new polymer?
- A. No, we basically removed the tissue that was on there with the bleach treatment.
- 7 Q. Doctor, what effect does formalin have on 8 tissue?
- 9 A. The detailed interaction between formalin and 10 tissue I'm not familiar with.
- Q. And, Doctor, you'll agree that formaldehyde, or formalin -- strike that.
- You'll agree that formalin and proteins crosslink to form a new polymer?
  - A. I don't know that.

15

- Q. And, Doctor, do you know whether or not
- 17 formalin and protein create a polymer that acts as a
- 18 hard casing around the fiber?
- 19 A. We saw absolutely no evidence to support that.
- 20 In fact, we have strong evidence to shoot down that
- 21 theory. We simply did not see that.
- Q. And, Doctor, you'll agree that formaldehyde and
- 23 proteins chemically bond to form a new polymer?
- A. I don't see any evidence of that happening in
  - Page 135
    - ge 135

- this case, so I don't agree.
- Q. I'm asking you as a materials scientist. Is it
- 3 your opinion that formaldehyde and proteins do not
- chemically bond to form a new polymer?
- 5 A. I don't know of a situation where that occurs.
- 6 You'd have to show me the literature.
- 7 Q. Doctor, can you draw out the chemical structure
- 8 of a polymer?
- 9 A. Yes.
- Q. Can you draw out the chemical structure of a
- 11 formaldehyde and protein polymer?
- 12 A. I'm not really sure how that interaction would
- 13 occur. It would depend on what kind of protein you're
- 14 talking about and what kind of functional groups were
- 15 present on it.
- Q. Doctor, if you look on page 134 -- well, before
- 17 we move there, Doctor, you will agree that formaldehyde
- 18 fixes tissue; correct?
- 19 A. Yes, I've heard that said, yes.
- Q. In fact, you'll agree that formaldehyde makes
- 21 tissue hard enough so that it could be sliced in the
- 22 microtoming process when creating histology slides;
- 23 you'll agree with that?
- A. Yes, I'll agree with that.

- Page 136

  Q. And you would agree that formaldehyde is a
- 2 fixation agent, wouldn't you?
  - A. Yes, I would agree with that.
- 4 Q. All right. And formaldehyde, if it fixes
- 5 something on a slide, that means that it makes that
- 6 biological material hard; correct?
  - A. Yes.
  - Q. Okay. Doctor, if you look at page 134, you
- 9 discuss the cleaning of these explanted specimens. Do
- 0 you see that? Middle of page 134.
- 11 A. Yes, I see that now.
- Q. And you followed ISO 12891?
- 13 A. Yes.
- Q. And that's not a protocol for cleaning
- 15 polypropylene, is it?
- A. It's a protocol for cleaning polyethylene. I
- 17 looked for an ASTM or ISO protocol for cleaning
- 8 polypropylene, and I couldn't find one. And
- 19 polypropylene is chemically very similar to
- 20 polyethylene.
- Also, I'll add, this is the same method that
- 22 Professor Gajanan, or however his name is pronounced,
- 23 used when he had Prolene explanted samples. He cleaned
- 24 them with the same bleach treatment before he provided

Page 137

- 1 them to Dr. Buckley of Ethicon.
- 2 Q. Doctor, are you aware of any ISO protocol
- 3 specifically for cleaning polypropylene or Prolene?
- 4 A. I was not able to find one for polypropylene or 5 Prolene.
- 6 Q. And, Doctor, are you aware of any protocol
- 7 whatsoever to remove a protein-formaldehyde polymer?
- 8 A. I haven't explicitly looked for it, but when we
- 9 did our SEM with EDS, we found clean regions with only
- 10 carbon and oxygen, no protein present on the material.
- Q. Doctor, you only did one cycle of cleaning;
- 12 correct?
- 13 A. Yes.
- Q. And you only did 24 hours?
- 15 A. Yes, that's correct.
- Q. Why did you choose 24 hours?
- 17 A. Because it was standard protocol. It's what we
- 18 saw in the ISO standard. It's what we saw that others
- 19 had used in the literature when they cleaned up
- 20 polypropylene explants.
- 21 Q. And you only used sodium hypochlorite and not
- 22 an enzyme; correct?
- A. That's correct.
- Q. Why didn't you use an enzyme?

35 (Pages 134 to 137)

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Page 138

- A. Because this seemed to be the best protocol to 1 2 use.
- 3 Q. Doctor, did this protocol clean 100 percent of the biological residue off the fibers? 4
- 5 A. As I keep saying, our SEM with EDS can tell us
- 6 where clean regions are and where they're not. There
- 7 were regions which were not completely clean, that's 8 correct.
- 9 Q. And, Doctor, you followed extensively by 10 rinsing?
- 11 A. Yes.
- 12 Q. With water?
- 13 A. Yes.
- 14 Q. What was the temperature of the water?
- 15 A. Room temperature.
- 16 Q. Why wasn't that included in your report?
- 17 A. Didn't seem relevant. You can't include
- everything in the report. 18
- Q. Did you do any sonication? 19
- 20 A. We did not sonicate.
- 21 Q. Did you use distilled water?
- 22 A. Yes.
- 23 Q. Was the water changed out?
- 24 A. Yes.

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Page 139

- Q. Why wasn't that included in the report?
- 2 A. Again, when you're publishing a peer-reviewed
- 3 paper, you can't include every single detail.
  - Q. Was the water tested at all, sir?
- 5 A. We used deionized water.
- 6 Q. Okay. But my question is: Was the water 7 tested?
- 8 A. We have a conductivity meter connected to it,
- and it has to pass a certain standard for deionization. 9
- 10 Q. Was the water tested, sir, to determine if any
- proteins were removed? 11
- 12 A. No. we did not.
- 13 Q. Was the water tested, sir, to determine if any
- polypropylene was removed? 14
- 15 A. No.
- 16 Q. Doctor, what FTIRs -- I'm sorry. Strike that.
- 17 Were FTIRs done on pristine polypropylene?
- 18 A. Yes.
- 19 Q. And that was done to determine what the spectra
- 20 looks like?
- 21 A. Yes.
- 22 Q. Why did y'all do FTIRs on pristine
- 23 polypropylene?
- A. Because we wanted the baseline. We wanted to 24

Page 140

- look at the polypropylene with no oxidation, just as it
- 2 comes out of the package.
- 3 Q. Doctor, are you aware that you can go to the
- 4 library and get the spectra of polypropylene without 5
  - having to do a spectra?
  - A. Of course we know that.
    - Q. And, Doctor, were FTIRs done before the
- 8 cleaning process to confirm the presence of proteins?
- 9 A. We did not.
- 10 Q. And, Doctor, why not?
- A. Well, it was clear just visually that protein 11
- 12 was on there.
- 13 Q. And, Doctor, were FTIRs done after the cleaning
- 14 process to confirm the complete removal of protein?
  - A. Yes, FTIRs were run.
- 16 Q. And, Doctor, were FTIRs done after the cleaning
- 17 process to confirm that you were analyzing completely
- clean polypropylene fibers?
- 19 A. FTIR was done on the clean fibers. We used the
- 20 SEM with EDS to look at the materials, and we could see
- that we had done a very good job of cleaning, although
- we could in some instances find regions where there was
- 23 still some tissue there.
- 24 Q. Doctor, is this the only cleaning process that

Page 141

- you used to remove the protein-formaldehyde polymer?
  - A. Yes, this is the process we used.
- 3 Q. And, Doctor, sitting here today, is this the
- first time you've ever heard of the formation of a 4
- protein-formaldehyde polymer when those two agents 5
- 6 interact?
- 7 A. I'm not familiar with the exact structure of
- 8 what's being formed there. I know you use formaldehyde
- 9 and formalin to fix tissue.
- 10 Q. My question, though, is: Sitting here today,
- 11 is this the first time that you've ever heard of the
- formation of a protein and formaldehyde polymer? 12
- A. I'm not familiar with what you're referring to 13 14 there.
- 15 Q. All right. But my question is: Today,
- March 2, 2016, is this the first time that you've ever 16
- 17 heard of the formation of a protein-formaldehyde
- polymer?
- 19 A. Yes.
- 20 Q. And, Doctor, you can't testify to a reasonable
- 21 degree of scientific certainty that all the protein was
- 22 removed from these fibers, can you?
- A. Well, it's all summarized in our report here. 23
- 24 We did see some regions that contained biological tissue

36 (Pages 138 to 141)

Page 142 Page 144 on the material even after the cleaning process, but we 1 A. That's correct. observed a lot of areas where there was damaged surface 2 Q. And, in fact, a formaldehyde-protein polymer 3 of the fiber and we only saw carbon and oxygen present. 3 would be a compound, wouldn't it? 4 4 Q. And, Doctor, for the biological tissue that was A. It would. 5 5 present, that was on the mesh explants; right? Q. And it wouldn't be detected by EDS, would it? 6 A. Yes. 6 A. Well, it would have nitrogen in there because 7 7 that's always in proteins, and it would have carbon in Q. And you put those mesh explants into a vacuum, didn't you? 8 there, and it would have oxygen in there. 8 9 A. Yes. 9 Q. But, in fact, sir, nitrogen is the hardest Q. And, in fact, you put them into a vacuum oven, thing to find on an EDS, isn't it? 10 10 11 A. You can find nitrogen in there. 11 didn't you? 12 12 Q. Is it hard to find on EDS, sir? A. Yes. 13 13 A. No. We found it readily. In the SEM with EDS, Q. And how long were they put into the vacuum 14 we see nitrogen readily. oven? 14 15 Q. EDS cannot tell you or determine the origin of 15 A. They were in that vacuum oven overnight. 16 Q. At what temperature were they in the vacuum 16 the element, can it? 17 17 A. Only that the element's there. oven? 18 Q. Can't tell you where oxygen came from, can it? 18 A. At room temperature, as it indicates on page 19 A. Only that it's there. 19 134. 20 Q. And if oxygen is present, sir, that means you 20 Q. But the purpose of putting them in a vacuum 21 oven was to dry them; correct? 21 can be looking at biological material? 22 A. Correct. 22 A. No. If you've got only carbon and oxygen 23 Q. And that would have dried any type of present, that's strongly suggestive of an oxidative 24 protein-formaldehyde polymer; correct? process. Also, we see chain cleavage of these Page 143 Page 145 1 A. Yes, it would have dried whatever was there, materials. If you're seeing carbon and oxygen and 2 yes. 2 nitrogen, then you've got biological material. 3 3 Q. Biological material such as protein contains Q. In fact, it would have dried that protein-formaldehyde fiber -- strike that. 4 nitrogen -- I'm sorry -- oxygen, doesn't it? 5 5 It would have dried that formaldehyde-protein A. Yes, but you would see nitrogen too. 6 Q. Doctor, on page 138, you state, at the bottom: 6 polymer on the fiber itself, wouldn't it? 7 7 A. If it were there, it would have dried it, yes. "FTIR shows peaks." 8 8 Q. Doctor, on page 134 of your report -- I'm Do you see that? 9 A. Let's see. 9 sorry -- of your article, in the right-hand side, it 10 says: "Previous published work has shown that 10 Q. Bottom of page 138. A. On the left side? 11 preservation of explanted samples in formalin did not 11 12 12 alter the structure and chemistry." Q. Yes, sir. 13 13 Do you see that? A. Okay. I see -- under the discussion? 14 A. Yes, I see that. 14 Q. Yep. 15 Q. You cite Bracco; correct? 15 A. Okay. A. Yes. 16 Q. My question is: How can you distinguish a 16 carbonyl band at 1740 as a result of oxidation and 17 Q. In fact, Bracco did not analyze Prolene in his 17 18 article, did he? 18 carbonyl bands of ketones, aldehydes, and carboxylic 19 19 A. No. acids in the same range? 20 Q. Doctor, on page 135, you discuss EDS; is that 20 A. All those peaks show up in that same general 21 21 regime. right? 22 22 Q. And how can you distinguish between them, sir? A. Yes. 23 A. It's relatively difficult to do. 23 Q. And EDS, that can only determine elements 24 Q. Can you distinguish them, sir? present, not compounds; right?

37 (Pages 142 to 145)

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- 1 A. I wouldn't say it's impossible, but it's 2 difficult.
- 3 Q. Can you, as an expert in this litigation,
- 4 distinguish between those peaks, sir?
- 5 A. Between the ketone, aldehyde, and carboxylic 6 acid?
- 7 Q. And oxidation. Can you distinguish between all 8 those peaks on a FTIR spectra?
- 9 A. Oxidative degradation gives a mixture of 10 products, and all of these contain the carbonyl, and so
- you have overlapping peaks, so it's hard to resolve them 11
- and really tell exactly how much you have of one versus 12
- how much you have of the other. 13
- 14 Q. My question is: Yes or no, can you distinguish
- 15 between all these peaks?
- 16 A. Well, you're going to have to ask me a more
- 17 clear question that I can really understand.
- 18 Q. You as an expert in this mesh litigation, can
- you distinguish between the peaks of oxidation, ketones, 19
- aldehydes, or carboxylic acids? 20

oxidation causes ketones?

- 21 A. Well, oxidation gives ketones, aldehydes, and
- 22 carboxylic acids, so, you know, these are three
- 23 different oxidative degradation products.
- 24 Q. I'm sorry, but are you testifying that

that's page 141, at Figure 8, what we're seeing in those

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Page 149

- materials is the fiber cracking, which is a strong sign
- 3 of oxidation in these materials, and we see that
- cracking is occurring, you know, after a year in most of
- 5 the samples. Not all of them, but most of the samples
- 6 show cracking after a year. So I would say sometime 7 around a year is a good ballpark.
- 8 Q. But you can't tell us a specific time; correct?
- 9 A. I can tell you about a year. And it's going to
- vary from individual to individual, as we talked about 10
- earlier. You put the same mesh in two different women 11
- 12 and they might respond differently to it. Bodies are
- 13 different.
- 14 Q. Doctor, did you review the Ethicon's seven-year 15 dog study?
- 16 A. Yes, I saw that document.
- 17 (Mays No. 6 was marked for identification.)
- 18 BY MR. HUTCHINSON:
- Q. Hand you what we'll mark as Exhibit 6. And, 19
- 20 Doctor, this is a document you relied on; is that right?
- 21 A. I have seen this document.
- 22 Q. And you relied on it; correct?
- 23 A. Yes.
- 24 Q. Did you notice anything -- what did you notice
- about the change in mechanical or physical properties of
  - 2 the sutures after they'd been implanted for seven years?
  - 3 A. Again, you'd have to take me back to that.
  - I've seen so many of these documents.
  - 5 Q. Well, Doctor, before we go from that, without
  - 6 looking at -- without looking at the specific data
  - 7 points, what do you recall about the physical properties
  - 8 of the sutures analyzed in the seven-year dog study?

  - 9 A. I don't recall the specifics of the mechanical 10 properties. I just remember that there were indications
  - 11 of oxidation.
  - 12 Q. Did you look, sir, when you reviewed the
  - 13 Burkley dog study, or the seven-year dog study, did you
  - 14 look to see what the results of the physical property
  - 15 testing were?
  - 16 A. I looked at it, but I can't remember at this
  - 17 point as I sit here.
  - 18 Q. Doctor, let's look at page 221. It's
  - 19 ETH.MESH.221. Are you there with me?
  - 20 A. I am there.
  - 21 Q. And we have two computations of molecular
    - 22 weight, weighted average molecular weight, number
    - 23 average molecular weight?
      - A. I think we're looking at different pages.

Page 147

2 A. Yes. 3 Q. Are you testifying that oxidation causes

- 4 aldehydes?
- 5 A. Yes.
- 6 Q. And can you tell, sir, as an expert in this
- 7 mesh litigation, can you distinguish between the peaks
- of aldehydes, ketones, or carboxylic acids?
- 9 A. In the case where they're all being formed and
- 10 there's a mixture of them, they're overlapping and
- they're so close together, we didn't even try to 11
- deconvolute the peaks and separate out how much of one 12
- 13 we have versus the other.
- 14 Q. Doctor, on page 140: "Antioxidants are 15 preferentially consumed by the oxidizing species."
- 16 Do you see that?
- 17 A. Yes.
- 18 Q. And you can't tell us the rate that is
- 19 consumed; correct?
- A. Not the exact, right, no. 20
- 21 Q. And, Doctor, can you tell us the point in time,
- a specific point in time when the oxidizing agents --22
- 23 I'm sorry -- the antioxidants are consumed?
- 24 A. Well, if you go over and look on the next page,

38 (Pages 146 to 149)

24

Page 150 Page 152 1 MR. MONSOUR: I think we've got different 1 from. pages. My page looks like -- 221 looks like this. 2 2 Q. Well, have you made any efforts to find out 3 Oh, there's a second 221 in the back. We were 3 more details? 4 4 at 336221. You're at 888221. Okay. Gotcha. A. This is all I've had to date. 5 MR. HUTCHINSON: Always put the good stuff in 5 Q. Have you made any efforts to find out more 6 the back. 6 details, sir? 7 7 MR. MONSOUR: Of course. A. I haven't. This is what I had at the time I BY MR. HUTCHINSON: 8 prepared my report. If they have more data, I would 8 9 Q. Are you there with me, Doctor? 9 love to see it. 10 A. Yes, I'm there. 10 Q. But sitting here today, Doctor, with all the Q. Have you seen this particular page with the dog data that you have so far, do you have any reason to 11 11 study before today? dispute that Dr. Burkley found no molecular weight 12 12 degradation? 13 A. I have seen this before, yes. 13 14 Q. And did you account for this in reaching your 14 A. Based on what I see in this document, I cannot 15 tell how these values were derived, and what I will say 15 opinions? is one has to do the GPC analysis carefully. It's 16 A. What do you mean by did I "account" for it? 16 difficult to perform high temperature GPC. We happen to 17 Q. Did you consider this particular page 221 when 17 reaching your opinions? be experts in it. We've had years and years of 18 19 experience in it. 19 A. Yes. 20 20 And it's the Z average molecular weight which Q. And you will agree that the molecular weight 21 differences are very, very small; correct? 21 is most sensitive to degradation, and then the weight A. Could you show me which ones you're referring 22 average molecular weight is sensitive to degradation as 22 well. The number average molecular weight is not 23 to? 23 24 Q. The ones discussing current Prolene 4/0 suture 24 sensitive to degradation. Page 153 compared to Dog Site 3 and Dog Site 2. Do you see that? 1 So I don't know enough about where these values Down at the bottom. 2 2 came from and the protocol that they use to speculate, 3 A. Yes. 3 and I don't want to speculate. 4 Q. And what do you notice about the change of 4 Q. I understand, Doctor, but in all fairness, molecular weight, Doctor? these values do not support your opinions, do they? 5 5 6 A. I notice that those are not changing very much. 6 A. I don't know enough about these values to be 7 Q. And that was done by GPC; correct? 7 able to say whether they're valid or not. 8 A. Yeah, I would assume so. That's how these Q. But my question is, Doctor, the values that are 8 9 values are normally derived. 9 on this sheet of paper, do these values support your 10 Q. And, in fact, at the bottom, under conclusions, 10 opinions; yes or no? it says: "Comparison of 7-year explants to current A. These values here show similar number average 11 11 Prolene indicate no molecular weight degradation." molecular weights and similar weight average molecular 12 12 13 Did I read that correctly? 13 weights. 14 A. That's what it says. 14 Q. And do these values, Doctor, support your 15 Q. Any reason to dispute that, Doctor? 15 opinions; yes or no? A. Well, I would need to have more details about 16 A. It's impossible for me to say. It really is. 16 what they did, because they're also carrying out 17 I'd have to know more. GPC calibration can change over 17 18 intrinsic viscosity measurements here, these IV 18 time. We ran our controls at the same time we were measurements, and it's not clear to me whether they're running the explanted studies. I don't know that they 19 19 deriving these MW values from that IV measurement. 20 did this here. I simply don't have enough data. 20 21 That's commonly done. 21 Q. Doctor, do you have any explanation whatsoever 22 And maybe they're getting these number average 22 why Dr. Burkley found no loss of molecular weight?

39 (Pages 150 to 153)

A. I don't know whether his conclusion is valid or

24 not. I don't see enough data here for me to make a

23

molecular weights from GPC. I simply don't know. They

don't clearly tell me where these values are coming

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Page 154

decision. 1

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- 2 Q. Do you have any reason to believe that these sutures were plasticized? 3
- 4 A. It is possible that polypropylene does undergo 5 some plasticization inside the body.
- 6 Q. And, Doctor, plasticization would improve 7 toughness, wouldn't it?
  - A. Plasticization would soften the material.
- 9 Q. But it would improve toughness? I'm asking
- about toughness. I'm not asking about softening the 10 material. Toughness. 11
- 12 A. Plasticization at a reasonable level would 13 probably improve the toughness of the material.
- 14 Q. Okay. And, Doctor, if toughness of the
- 15 material improves, then we can rule out degradation, 16 can't we?
- 17 A. That's not strictly true.
- 18 Q. But, Doctor, as a general rule, you will agree
- that as toughness improves, degradation can be ruled 19
- out; correct? 20
- 21 A. I would not make a general statement about
- 22 that. I'd have to consider the specific material.
- 23 Q. Doctor, would that be consistent with the
- principles of polymerization that you used to teach your

Page 155

- 1 students with at UT?
- 2 A. Plasticization has nothing to do with the
- 3 principles of polymerization.
- Q. Would that be consistent with anything you've
- ever discussed with your students at UT about whether or 5
- 6 not plasticization can improve toughness?
- 7 A. Plasticization --
- 8 O. I'm sorry. Strike that.
- 9 Doctor, turn to the last page of the Burkley
- 10 dog study with me, please.
- A. All right. 11
- 12 Q. Doctor, you will see breaking strength at the
- 13 top. Do you see that?
- 14 A. Yes.
- 15 Q. And, by the way, did you ever consider this
- data summary when reaching your opinions, Doctor? 16
- 17 A. I saw this, so, yeah, I considered it.
- 18 Q. Okay. And do the data shown here on page 183,
- do the data support your opinions that the sutures 19
- 20 degraded via oxidation?
- 21 A. I see the breaking strength of Prolene staying
- roughly the same. It would be nice to see some error 22
- bars on this. The elongation percent of Prolene
  - actually decreased a bit in Year 2 but seemingly

- increased in the third year. But I have no idea how
- many samples were here. Is this a case of a single 2
- 3 sample?
- 4 Q. Doctor, my question is: Does the data shown on 5 page ETH.MESH.183 support your opinions that Prolene

Page 156

- 6 degrades; yes or no?
  - A. It's impossible for me to say.
  - Q. You can't answer that question one way or the other?
- 10 A. I can't.
- 11 Q. And, Doctor, why can you not answer that
- 12 question one way or the other?
- 13 A. I'd have to know more details about the study.
- 14 Q. And have you made any efforts to find out more
- details about the study? 15
- 16 A. I have not.
- 17 Q. And, Doctor, you will agree that -- let's look
  - at breaking strength. Prolene changed from baseline
- percentage, at Year 7, it decreased 5 percent; correct? 19
  - A. The breaking strength of Prolene, yes.
- 21 Q. Yes. And, in fact, the elongation percentage
- 22 of Prolene increased, from baseline, at Year 7,
- 23 111 percent; correct?
- 24 A. That's what this says, but how many samples?

Page 157

- 1 Q. Doctor, let's look at the Young's modulus.
- 2 That's just another name for stiffness, isn't it?
- 3 A. Modulus is related to stiffness of the 4
  - material.
- 5 Q. And stiffness of Prolene at Year 7 decreased 6
- 70 percent; correct?
  - A. That's what this says.
- 8 Q. And, Doctor, do you have any reason to believe
- 9 that these values are wrong?
- 10 A. I'm very suspicious of these values, yes.
- Q. Do you have any reason to believe the values 11
- 12 are wrong, though, Doctor? I'm not asking if you're
- 13 suspicious.
- 14 A. I need more data to really draw a firm
- 15 conclusion.
- Q. You can't tell us if these values are wrong or 16
- 17 right, can you?
- 18 A. I can tell you I don't believe them.
  - Q. And why don't you believe them?
- 20 A. Because they're not realistic.
- 21 Q. Which one is not realistic?
- 22 A. And they're not supported.
- 23 Q. Which one is not realistic? Which figure? Of

24 the -5 percent, 111, or 70 --

40 (Pages 154 to 157)

19

Page 158 Page 160 1 A. I simply -and the elongation is plotted out at Time 0; is that 2 Q. -- hold on just a minute, the court reporter is 2 going to get made at us -- which figure do you not 3 A. It says it's plotting break strength --4 believe is realistic, Doctor? 4 Q. Break strength and elongation at Time 0. 5 A. I simply cannot place faith in anything in this 5 A. -- versus elongation, but break strength has to 6 table. I'd have to know more about it. do with the material actually breaking. So how do you 7 7 Q. Okay. And, Doctor, if you can't place faith in measure break strength when the material continues to 8 any data in this particular paper, or page, 183, can you 8 elongate? These sort of data are normally presented 9 place faith in any particular page in this dog study? 9 stress versus strain. That's where you get toughness. 10 A. Can you show me which one? 10 Q. I understand. And, in fact, stress and strain Q. No, that's my question. My question stands. 11 11 is another word for breaking strength and elongation, 12 A. You know, mechanical testing of material like 12 isn't it? 13 polypropylene has to be done carefully. You need to 13 A. No. Breaking means failure of the sample. test multiple samples. You need to follow a protocol. Stress is force per unit area. Now, percent of 14 I don't really see enough of the protocol here to be 15 elongation, elongation and strain, I'll agree they're 15 16 able to evaluate it. 16 very related. 17 These data have not stood the scrutiny of peer 17 Q. Elongation and strain; correct? review, to my knowledge. If they're peer-reviewed and 18 A. Yeah, they're definitely related. 18 somebody looked at them, I would accept them, but you're 19 Q. And breaking strength and stress are related, 19 20 asking me to accept a table of data where I don't even 20 aren't they? 21 know how many times the test was run, and so I can't 21 A. Well, a breaking strength is the ultimate 22 comment, I can't accept it. 22 tensile strength of a material. 23 Q. Well, Doctor, if you can't rely on the page 23 Q. Until it breaks; correct? that gives the test data, you can't rely on the 24 A. Yes. Page 159 Page 161 conclusions of the dog study, can you? 1 Q. And then if you --2 A. There may be some things in here that I think 2 A. But how can you plot it down here where it 3 are adequately documented. 3 hasn't broken? Q. My question is a yes or no, and I need a yes or 4 Q. Just stay with me and my questions, Doctor. 5 5 no. If you can't rely on the page that gives the test Okay? 6 A. Okay. б data, you can't rely on the conclusions of the dog 7 study, can you; yes or no? 7 Q. If you look at this, this plots out at Year 0 8 A. Yes. 8 the elongation and breaking strength data points from 9 Q. Yes, I'm right? 9 the seven-year dog study; correct? At Year 0, under 10 A. Yes, I agree with you. 10 red? (Mays Exhibit No. 7 was marked for 11 11 A. It shows elongation 37 percent and that it identification.) 12 12 broke at 1.68 pounds. Q. And that's the exact data that was found in the BY MR. HUTCHINSON: 13 13

- 14 Q. Doctor, handing you what we'll mark as Exhibit
- No. 7 to your deposition. Here we have a toughness
- curve; right? 16
- A. Yes. 17
- 18 Q. And we have breaking strength as the Y axis and
- elongation as the X axis; correct? 19
- 20 A. Yeah, this is kind of a peculiar way to present
- 21 the data.
- 22 Q. And, Doctor, this shows that toughness -- well,
- 23 strike that.
- 24 You can see the red where the breaking strength

- 14 Burkley dog study; correct?
- 15 A. This looks familiar, yes.
  - Q. And, Doctor, when we look at Year 7 on
- 17 Exhibit 7, that shows the elongation at 1.6 pounds and
- 18 the breaking strength -- I'm sorry, strike that.
  - At Year 7, do you see Year 7 --
- 20
- 21 Q. -- it shows breaking strength at 1.6 pounds; is
- 22 that right?
- 23 A. That's what it says, yes.
- 24 Q. And it shows 78 percent elongation; correct?

41 (Pages 158 to 161)

16

19

	Page 162		Page 164
1	A. That's what it shows.	1	A. Yes.
2	Q. And if we look at the area under the curve for	2	Q. And so is Prolene?
3	Year 7, it's much greater than at Time 0; correct?	3	A. Yes.
4	A. The area under the curve is greater, yes.	4	Q. And if Prolene does not have an ionic charge,
5	Q. And, in fact, it almost doubled, didn't it?	5	then that means a material will not or a compound
6	A. That would be about right, yes.	6	will not bind to it; correct?
7	Q. And, Doctor, what does this tell you about	7	A. That's not necessarily so.
8	toughness when you look at the physical and mechanical	8	Q. Why not?
9	properties of the sutures?	9	A. A lot of materials bind to other materials
10	A. Again, I would have to know more about this	10	where there's no charge present.
11	test. Was it performed 10 times and this is an average?	11	Q. Well, Prolene is neither acidic nor basic; is
12	Was it a single run? I would have to know more. I	12	that right?
13	can't just take this plot out of context and draw	13	A. That's correct.
14	conclusions on it.	14	Q. And a dye staining to Prolene requires an
15	Q. Doctor, a nick in a fishing line wouldn't	15	acidic group or a basic group to bond with it, doesn't
16	increase toughness, would it?	16	it?
17	A. No.	17	A. To bond with it.
18	Q. Doctor, can you explain first of all, do you	18	Q. To bond with it; correct?
19	agree that the data from the seven-year dog study shows	19	A. It might bond through some other mechanism. It
20	an increase in toughness of the sutures?	20	might bond through a carbonyl that's been introduced by
21	A. I don't know enough to establish the validity	21	oxidation. There's some level of residual double bonds
22	of this data and exactly what was done.	22	in polypropylene as an impurity, and it might add across
23	Q. You can't answer that question yes or no?	23	that double bond.
24	A. No.	24	Q. Doctor, based on the chemistry, will oxidized
	Page 163		Page 165
1	Q. You can't answer that question one way or the	1	Prolene show any color if subjected to a staining
2	other, can you?	2	process?
3	A. No.	3	A. Oxidized Prolene could very well show color.
4	Q. Doctor, I see in your I see in your CV that	4	Q. How so?
5	you have an interest in charged polymers; is that	5	A. By interacting with the dye.
6	correct?	6	Q. And with a chemical interaction?
7	A. Yes.	7	A. It could be physical. It could be chemical.
8	Q. You're an expert on charged polymers?	8	Q. All right. Describe the chemical reaction for
9	A. Well, we've done a fair bit of work with	9	me, please, sir.
10	charged polymers.	10	A. There might be some functional group on the dye
11	Q. You know enough about them to talk about them		that might react with the carboxylic acid group.
12	intelligently, don't you?	12	Q. Let's talk about hematoxylin. Are you familiar
13	A. I think so.	13	with hematoxylin?
14	Q. And you'll agree that polypropylene is	14	A. I'm really not familiar with hematoxylin.
15	nonionic?	15	Q. Any reason to dispute it's a positive compound?
16	A. That's correct.	16	A. I simply don't know one way or the other.
17	Q. So is Prolene? Prolene is nonionic?	17	Q. And I want you to assume for purposes of this
18	A. Correct.	18	question that hematoxylin is a positive compound. Okay?
19	Q. It doesn't have an ionic charge one way or the	19	A. Positively charged?
	other; is that right?	20	Q. Correct.
20		() 7	A. Okay.
21	A. That's right.	21	ř
21 22	Q. And polypropylene is hydrophobic?	22	Q. If it's positively charged, will it bind to
21			ř

42 (Pages 162 to 165)

Page 166 Page 168 1 Q. How so? 1 Q. You'll agree that that's one of the best polymer science schools in the country, wouldn't you, 2 A. I simply would need to know more about its 2 3 3 4 4 Q. But my question is: How so, sir? A. It's a good one. The one I did my PhD at is, A. You know, it might just do it through 5 5 arguably, number one. hydrophobic group interactions. Hydrophobic things bind 6 Q. Were you a student of Dr. Thames? 7 to hydrophobic things all the time. 7 A. I was not. Q. Can you testify to a reasonable degree of 8 8 Q. Do you know him? 9 scientific certainty whether or not hematoxylin will 9 A. I did. bind to Prolene? Q. Do you have an opinion of him? 10 10 11 11 A. I simply don't know. A. Yes. Q. And, Doctor, can you testify to a reasonable 12 12 Q. And what's your opinion of his polymer science 13 degree of scientific certainty whether eosin will bind 13 expertise? to Prolene? 14 14 A. I think he's a good paint chemist. 15 A. I simply don't know. 15 Q. Anything else? 16 Q. You will agree that there must be a chemical 16 A. That's all. reaction between the dye and Prolene for there to be 17 17 Q. Do you intend to offer any opinions regarding stain in color; correct? this litigation that we've not already discussed or 18 A. I don't think it necessarily has to be a 19 contained in your expert report? 19 20 chemical reaction. It could just be a physical 20 A. I may. My expert report contained the issues phenomenon. Hydrogen bonding or something like that 21 at the time I wrote it, but I may become aware of 21 22 could do it. 22 additional information. I may get samples to test. Who 23 Q. Can you testify to that to a reasonable degree 23 knows? of scientific certainty? 24 Q. Doctor, going back to Exhibit 7, you can't Page 167 Page 169 explain why toughness increased, can you? 1 A. Yes. 2 2 A. I'm not convinced that toughness did increase. Q. Have you ever attempted to stain a Prolene? 3 A. I have not. 3 Q. Can you explain, Doctor, why toughness increased in Exhibit 7; yes or no? 4 Q. Have you ever seen Prolene hold any type of 5 5 color? A. No, I can't. 6 6 A. I have not. Q. Thank you. Have you understood all my 7 Q. Doctor, before we wrap up, I want to ask you 7 questions? one question. Does the pelvic region have more reactive 8 A. Most of them. I tried to ask for clarification 9 oxygen species than the abdomen? 9 when I didn't. 10 A. I don't know. 10 Q. And did I give you clarification at that time? 11 A. In most instances, yes. 11 Q. And have you ever seen a study comparing the Q. Is there one particular question that sticks two areas of the body? 12 12 out in your mind that I asked that you simply don't 13 A. In terms of? 13 14 Q. The concentration level of reactive oxygen 14 understand? 15 species. 15 A. No. You kept asking about improvement of properties as a very generic, and, you know, sometimes A. No. 16 16 17 17 when one property improves, another property diminishes. Q. Your alma mater is University of Southern 18 Mississippi? So I was a little confused by that, but I think we got through it. 19 A. Yes, I did my undergraduate studies there. 19 20 Q. Proud of your education? 20 Q. That's exactly what we saw in the Burkley dog 21 A. Yes. 21 study when we look at page 183. We saw one property 22 Q. Did you study at the Shelby Freland Thames 22 decrease, such as breaking strength, and one property School of Polymer Science? increase, such as elongation; correct? 23 23 24 A. It wasn't there when I was there. 24 A. That's what that page says, but I don't -- I'm

43 (Pages 166 to 169)

	Page 170		Page 172
1	unable to really evaluate that data with what I have at	1	INSTRUCTIONS TO WITNESS
2	hand.	2	
3	MR. HUTCHINSON: I don't have any further	3	
4	questions. Thank you for your time. Questions?	4	Please read your deposition over carefully and
5	MR. MONSOUR: We're done.	5	make any necessary corrections. You should state the
6	MR. HUTCHINSON: Thank you.	6	reason in the appropriate space on the errata sheet for
7	(Whereupon, the deposition concluded at	7	any corrections that are made.
8	12:17 p.m.)	8	
9	p)	9	After doing so, please sign the errata sheet
10		10	and date it. It will be attached to your deposition.
11		11	und dute in in min et unudited to your deposition.
12		12	It is imperative that you return the original
13		13	errata sheet to the deposing attorney within thirty (30)
14		14	days of receipt of the deposition transcript by you. If
15		15	you fail to do so, the deposition transcript by you. If
16		16	deemed to be accurate and may be used in court.
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18		18	
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	Page 171		Page 173
1	CERTIFICATE	1	
2		2	ERRATA
3	I, JOAN L. PITT, Registered Merit Reporter,	3	
4	Certified Realtime Reporter, and Florida Professional	4	PAGE LINE CHANGE
5	Reporter, do hereby certify that, pursuant to notice,	5	
6	the deposition of JIMMY W. MAYS, PhD, was duly taken on	6	REASON:
7	March 2, 2016, at 8:36, before me.	7	
8	The said JIMMY W. MAYS, PhD, was duly sworn by	8	REASON:
9	me according to law to tell the truth, the whole truth,	9	
10	and nothing but the truth, and thereupon did testify as	10	REASON:
11	set forth in the above transcript of testimony. The	11	
12	testimony was taken down stenographically by me. I do	12	REASON:
13	further certify that the above deposition is full,	13	
14	complete, and a true record of all the testimony given	14	REASON:
15	by the said witness.	15	
16		16	REASON:
17		17	
18	JOAN L. PITT, RMR, CRR, FPR	18	REASON:
19		19	
20	(The foregoing certification of this transcript	20	REASON:
21	does not apply to any reproduction of the same by any	21	
22	means, unless under the direct control and/or	22	REASON:
23	supervision of the certifying reporter.)	23	
24		24	REASON:

44 (Pages 170 to 173)

	Page 174
1	ACKNOWLEDGMENT OF DEPONENT
2	
3 4	I,, do hereby acknowledge that I have read the foregoing pages,
5	1 - 175, and that the same is a correct transcription of
6	the answers given by me to the questions therein
7	propounded, except for the corrections or changes in
8 9	form or substance, if any, noted in the attached Errata Sheet.
10	Silect.
11	
12	HMAN W MANG DID DATE
13 14	JIMMY W. MAYS, PhD DATE
15	
16	
17	Cubsonibad and arrows to before this
18 19	Subscribed and sworn to before me this day of, 20
20	My Commission expires:
21	
22	Notary Public
23	1.0mg I dolle
24	
	Page 175
1	LAWYER'S NOTES
2	PAGE LINE
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